Community Health Status Indicators for Metropolitan Washington 2009

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Introduction

The Metropolitan Washington, D.C., area is home to more than four million people who live in the city and the surrounding Virginia and Maryland suburbs. All of us who live here hope that we, our families, friends and neighbors can be healthy and stay healthy throughout our lives. But how healthy are we?

When thinking about health, we all too often think about health *care*—the services of doctors, hospitals, clinics, and others who provide care to those who are already sick. But, while health care is an essential component of any strategy to protect health, of equal importance are those factors that can *prevent* health problems and *improve* basic health and well being.

This report provides a snapshot of the "health" of the Washington region. It presents data (where available) for 13 individual jurisdictions and the region as a whole. While the indicators selected represent a broad range of public health concerns, they do not cover—nor were the intended to cover—all of the issues that affect one's health.

We hope that this report will provide a useful picture of the current health status of the region's residents, and encourage a continuing review of the needs and opportunities for health promotion and disease prevention. We also hope that the report will draw attention to some crucial gaps in health data for individual communities, and encourage efforts to collect those data so that important health concerns can be addressed and monitored more effectively. Finally, we hope that this report will encourage area policymakers to begin focusing on the social determinants of health—those characteristics of peoples' everyday lives that impact their health status—as a means to improve the overall health of the region.

Origins of the Project

This report represents a collaboration between the Health Officials Committee (HOC) of the Metropolitan Washington Council of Government and the Health Working Group (HWG) of Washington Grantmakers. After several months of meetings, these two groups concluded that an update of the 2001 Metropolitan Washington Council of Governments report, "*Community Health Indicators for the Washington Metropolitan Region,*" was warranted. That report looked at the health of the region's population in the context of the Leading Health Indicators being used by the federal and state governments to measure progress in achieving the "Healthy People 2010" objectives.

The HOC and HWG determined that their work would have two major objectives:

1) Help area health officials, policymakers, and health funders obtain a better understanding of the health indicator[1] data that is—and is not—easily available for the region's 13 jurisdictions: Frederick, Montgomery, and Prince George's counties in Maryland; and the counties of Arlington, Fairfax, Loudoun, and Prince William and cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park in Virginia; and the District of Columbia.

2) Use existing, easily accessible data to provide a simple snapshot of the health of the region's residents, identify issues of regional concern, and facilitate efforts to improve the population's health status within and across jurisdictions.

Approach

To guide this work, HOC/HWG set up a Health Indicator Working Group. Representatives from four of the jurisdictions and three HWG members participated: Shirley Brown-Ornish, senior planner, Prince George's County Department of Health; Tamara Henry, D.C. Department of Health; Patricia N. Mathews, chair of the Health Working Group of Washington Grantmakers and executive director, Northern Virginia Health Foundation; Margaret K. O'Bryon, president and CEO, Consumer Health Foundation; Colleen Ryan-Smith, Montgomery County Department of Health; and Kelly Woodward, Alexandria Health Department.

Their work involved three distinct tasks:

1) Developing a list of indicators that would inform our understanding of the health of the region's population and identify specific issues warranting further attention;

2) Determining the availability and ease of obtaining data related to those indicators for all of the region's jurisdictions; identifying data gaps and data issues; and, creating a set of references and links to data related to these indicators;

3) Developing a snapshot of the health of the region's population that could be easily understood by local policymakers, key stakeholders, and the general public.

Over the course of approximately 12 months, time was donated by several people to help identify data sources, compile data, and prepare this regional snapshot. The Health Working Group of Washington Grantmakers and the area's Regional Primary Care Coalition donated the services of Phyllis E. Kaye, lead consultant to both groups, as well as those of two Princeton 55 Fellows, Lara Atwater and Irit Rasooly. Michael A. Stoto, professor of Health Systems Administration and Population Health at

[1] A health indicator is "a measure that reflects or indicates, the state of health of a defined population, e.g. the infant mortality rate" - Manual of Epidemiology for District Health Management (WHO - OMS, 1989, 202 p.), http://nzdl.sadl.uleth.ca/cgi-bin/library?e=d-00000-00---off-0who--00-0--0-10-0---0---0prompt-10---4-------0-1l--11-en-50---20-about---00-0-1-00-0-0-11-1-0utfZz-8-00&cl=CL1.70&d=HASH2ee3b9cf701d7852364719.17&x=1

Georgetown University, made the services of Research Assistant Melissa Ann Higdon available for initial data compilation. There was no dedicated project staff for this work.

Methodology

Initial efforts involved gathering data primarily from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS), the Virginia Atlas, and other state sources. Researchers focused on gathering data for the most recent point in time, which ranged from 2001-2003 to 2005, 2006, or, in some cases, 2007. One of the major challenges was finding data that was no longer available at the jurisdictional level for Virginia. Data from the Virginia Atlas was compiled using BRFSS data, but there were concerns because the methodology was not clear and may have been different from the other jurisdictions for which BRFSS data was available.

As data collection occurred, new information became available to provide better sources for obtaining basic health indicator data for the region. Specifically:

- Jurisdiction-specific Community Health Status Indicator Reports that use standardized methods for data collection and analysis are now available through the federal government (http://www.communityhealth.hhs.gov), and reports were available for all 13 of the region's jurisdictions.
- Updated demographic data and information on health insurance coverage by jurisdiction are now available from the U.S. Census Bureau's American Communities Survey and Small Area Health Insurance Estimates.

The 2001 "*Community Health Indicators for the Washington Metropolitan Region*" report was based on a set of 29 indicators that were selected after several rounds of review. Those indicators were based on the *Healthy People 2010 Leading Health Indicators*, which corresponded to the indicators used in 1995 in *Advancing Prevention for Better Health*, and other measures reflecting the prevention and health promotion priorities of area jurisdictions. In developing that report, the availability of data was considered only at the end of the selection process to ensure that important issues were not neglected simply because data were not available.

In developing this report, the Health Indicator Working Group (HIWG) concurred that the indicators used in the 2001 report should form the basis for the work. Most of the data are presented as three-year averages, since the number of events occurring in a single year in an individual jurisdiction can be small and subject to substantial year-to-year variations that are not statistically significant. For most of the indicators, we also have included a national reference point in the form of equivalent data for the United States as a whole.

This report is a descriptive narrative of secondary source data through which the overall health status and potential social determinants of health are displayed. Specific confidence intervals for the individual indicators are included in each jurisdiction's Community Health Status report and vary by indicator and jurisdiction[2]. Similar

[2] Go to http://www.communityhealth.hhs.gov/homepage.aspx?j=1 to find reports for specific jurisdictions

information is included in the demographic and small area health insurance estimates for each jurisdiction[3]. Comparisons between jurisdictions or between regional and national rates were not tested for statistical differences. Any differences, disparities, or other comparisons contained in this report are not deemed to be statistically significant, but are highlighted for consideration and discussion.

Organization of Project Information and Findings

Our report is divided into four sections. Section I: Demographic and Socioeconomic Indicators for the Region provides a demographic and socioeconomic context for looking at the community health indicators and a summary of findings from the Indicator Regional Scan. This is particularly important because of the increasing awareness of the effect that social, economic, and environmental factors, as well as race/ethnicity have on the health individuals and their families. Findings focus on:

- Comparisons of the region's jurisdictions to the U.S. in general, Healthy People 2010 Targets, and to peer counties identified as part of the national Community Health Status Indicators project;
- Highlights on differences within the region (e.g. % of uninsured, low-income adults); and
- Issues of common concern throughout region.

Section II: The Health of the Region's Population is a summary of major health indicators with related findings. Section III: Health Equity and the Impact of the Social Determinants of Health is a synthesis of the demographic and health data, with a focus on the role that social determinants of health play in health status. The final section is the Appendix, which contains data charts and tables, as well as references and links, for those readers interested in further review of the data used to compile this report.

[3] To find jurisdiction data profiles for specific demographic and socio economic characteristics go to http://factfinder.census.gov/servlet/ADPGeoSearchByListServlet?ds_name=ACS_2007_3YR_G00_&_lang=en&_ts=257836579109; to find health insurance estimates for each jurisdiction go to http://smpbff1.dsd.census.gov/TheDataWeb_HotReport/servlet/HotReportEngineServlet?reportid=13db72e40f553a784d93a85944583fe9&emailname=saeb@census.gov&filename=SAHIE-County07.hrml and select appropriate state

Section I: Demographic and Socioeconomic Characteristics of the Region[4]

The Metropolitan Washington, D.C. region is just over 3,000 square miles (about 1.5 times the size of Delaware). As stated earlier, it includes the District of Columbia, three counties in Maryland: Frederick, Montgomery and Prince George's; and nine jurisdictions in Virginia: Arlington, Fairfax, Loudoun and Prince William counties, cities of Alexandria, Falls Church, Fairfax, Manassas, and Manassas Park. (See Table 1) The region's population of about 4.6 million people is racially, ethnically, and economically diverse. It is a major gateway for immigrants[5]. Moreover, the size and population density of each of the 13 jurisdictions vary widely. Most of the region's population lives in what is known as the "core" and "inner suburbs". However, the suburbs in the "outer ring" are experiencing the fastest growth.[6] The District of Columbia and Alexandria City are the most densely populated, closely followed by Arlington County.

Population (see Appendix A, Table 3)

Just over one half of the region's population is white (54.7%), over one quarter is African American (27.4%), and just under one tenth is Asian (9.2%). About one eighth of the overall population is Hispanic or Latino (12.5%) of any race. (See Table 2) There also are a growing number of immigrants from Africa throughout the region. The region has the seventh highest number of foreign-born residents among all metropolitan areas in the U.S.[7]. (See Table 3)

The proportion of the population that is aged 65 and older is relatively small—ranging from a high of 14.2% in Fairfax City to a low of 5.6% in Loudoun County. Conversely, the proportion of the population that is under age 18 is significant, ranging from a low of 17% in Arlington County to a high of 30.2% in Loudoun County. (See Table 3)

Most African Americans live in the eastern part of the region (District of Columbia and Prince George's County), although over one fifth (21%) of Alexandria's population is African American. Latinos and Asians are concentrated in the areas to the north and west.[8] Manassas City, Prince William County, and Arlington Counties have the highest percentages of Hispanic or Latino residents, while the District of Columbia, Frederick County, and Loudoun County have the lowest percentages.

Income (see Appendix A, Table 4)

The region as a whole is prosperous, with median household income in each jurisdiction and exceeding the national median household income ($50,007), and per capita household income exceeding the national per capita household income ($26,178). Yet

[4] U.S. Census, American Communities Survey (2005-2007 average) – link to be inserted; and ; Demographic and Economic Trends in the National Capital Region and their Effects on Children, Youth and Families, Research conducted by Greater Washington Research at Brookings for Venture Philanthropy Partners, January 2009 [link to be inserted]
[5] Brookings/VPP ibid
[6] ibid
[7] ibid
[8] ibid

there are wide variations within household income. For example, the average median household income for 2005-2007 was almost twice as high in Loudoun County ($104,612) as in the District of Columbia ($52,187). And per capita income ranged from a high of $53,981 in Arlington County to a low of $29,789 in Prince George's County.

Despite the region's overall prosperity, it is not shared by all. Even before the current economic crisis, many residents were experiencing hardships. More than 15% of people over age 65 in the District of Columbia, 11.2% of those in Alexandria City, and 10% of those in Arlington County lived below the poverty level. Of those 18 years of age or younger in each jurisdiction, 29.3% are below the poverty level in the District of Columbia, 17.9% in Manassas City, and 10% in Prince George's County.

Education (see Appendix A, Table 5)

Education, as with income, varies by jurisdiction. For example, 67% of adults (over age 25) in Arlington County, 59.7% of adults in Alexandria City, 58.4% of adults in Fairfax County, and 56.5% of adults in Montgomery County had attained a bachelors degree or higher. Manassas City had the lowest percentage, 26.4%, of adults with a bachelors degree or higher. At the other end of the education spectrum, the percentage of adults over age 25 who had less than a 9th grade education also varied. Manassas City had the highest percentage, 10.9%, of those with less than a 9th grade education; Loudoun County and Frederick County had the lowest percentages, 2.6% and 2.7%, respectively.

Looking at education by race/ethnicity, 62% of Asians and 58% of Whites in our region have at least bachelors degrees, compared with 29% of African Americans and 23% of Hispanics. On the other hand, 59% of Hispanics and 43% of African Americans have a high school diploma or less, in contrast to 25% of Whites and 21% of Asians.[9]

Languages Spoken (See Appendix ATable 6)

Just over one quarter of the region's population (over 5 years old) speaks languages other than or in addition to English. In seven jurisdictions—Alexandria and Fairfax cities, and Arlington, Fairfax, Frederick, Montgomery, and Prince George's counties—more than 30% of the population over age 5 speaks a language other than English at home. In five jurisdictions (Alexandria and Fairfax cities, and Fairfax, Montgomery and Prince William counties) where a language other than English is spoken in the home, 13%-15% do not speak English very well.

In looking at the health indicators that follow, it is important to remember these demographic and socioeconomic characteristics. Differences in population health can be traced to unequal economic and social conditions, many of which are avoidable.[10] The challenge is to better understand these factors in our region, and then take steps necessary to improve the health of the region's residents.

[9] Brookings/VPP Report op cid.
[10] Unnatural Causes, Health Equity .PDF – www. unnatural causes.org [exact link to be inserted]

Section II: The Health of the Region's Population

Overview of Community Health Status Indicators

This section brings together information on community health status indicators contained in the 2008 Community Health Status Indicator (CHSI) Reports[11] produced for more than 3,000 counties across the United States, including 13 jurisdictions in Metropolitan Washington. The CHSI Reports provide an overview of key health indicators for local communities in order to encourage dialogue about ways to improve community health. The indicators focus on summary measures of health (life expectancy and perceived health status), birth characteristics and outcomes, causes of death, use of preventive services, and presence of risk factors for premature death. They are supplemented by information regarding health insurance coverage for those under the age of 65.

The steering committee that guided the national Community Health Status Indicators project chose these indicators because they are important to public health, they are actionable, and are based on data that are regularly reported and available for all U.S. counties[12].

For Metropolitan Washington, the CHSI Reports are useful tools with which to gauge population health across the region, and to compare the region's health with the United States and with "peer counties"[13] because they use a standard analytic approach and common data sources. Moreover, the CHSI Reports can help us identify areas needing attention, both in individual jurisdictions and in the region as a whole.

[11] CHSI Project is a public-private partnership that includes: Centers for Disease Control and Prevention (including NCHS and ATSDR), the National Institutes of Health/National Library of Medicine, the Health Resources Services Administration, the Public Health Foundation, the Association of State and Territorial Health Officials, National Association of County and City Health Officials, National Association of Local Boards of Health, and Johns Hopkins University School of Public Health.

[12] Metzler, M., Kanarek N., Highsmith, K., Bialek, R., Straw, R. Auston I. et al Community Health Status Indicators Project: The Development of a National Approach to Community Health. Prev Chronic Dis 2008:5(3). http://www.cdc.gov/ped/issues/2008/jul07_0225.htm

[13] Peer counties are defined by the CHSI Project as "…those counties similar in population composition and selected demographics. Comparison of a county to its peers is thought to take into account some of the factors that make a difference in a community's health…. Strata, or peer groups, were developed with input from an advisory committee composed of Federal, State, and local public health professionals and members of academia for CHSI 2000. The project goal was to develop strata of 20-50 counties each, providing several peers for each county. The relatively large number in each stratum allows counties to choose a few peers that they believe to be most like them" http://www.communityhealth.hhs.gov/Companion_Document/CHSI-Data_Sources_Definitions_And_Notes.pdf

Community Health Status Indicators[14]

Summary Measures of Health
Life Expectancy
Self-reported health status
  Self-rated health status
  Average Number of Unhealthy Days in Past Month

Birth and Death Measures[15]
Birth Measures
  Low Birth Weight
  Premature Births
  Late or no prenatal care
  Births to Women Under 18
Infant Mortality
Death Measures
  Breast Cancer
  Colon Cancer
  Lung Cancer
  Coronary Heart Disease
  Stroke
  Unintentional Injuries
  Motor Vehicle Injuries
  Homicide
  Suicide

Communicable (Infectious) Diseases *
  HIV/AIDS
  Syphilis
  Chlamydia
  Tuberculosis

Adult Preventive Services Use
  Pap Smear
  Mammography
  Sigmoidoscopy
  Pneumonia
  Flu

Risk Factors for Premature Death
  No exercise
  Few Fruits and Vegetables
  Obesity
  High Blood Pressure
  Smoker
  Diabetes

Access to Care
  Health Insurance Coverage**
  Primary Care Physicians per 100,000
  Dentists per 100,000
  Community/Migrant Health Centers
  Health Professions Shortage Area

Environmental Health
,,, Not included in this report because MWCOG has done extensive work in this area

* From State Vital Statistics and other sources

** From Small Area Health Insurance Estimates 2008

The sub-sections that follow summarize

- The region's population health in comparison with the United States, Healthy People 2010 targets, and the region's peer counties as identified by the CHSI reports;
- Differences in population health across the region, and
- Issues of common concern throughout region .

Appendix B contains a series of tables showing indicator data by jurisdiction.

[14] Information on all indicators is not available for all jurisdictions because data was not reported (small numbers)
[15] Data on births to women over 40 and unmarried women, very low birth weight, and neonatal and post-neonatal infant mortality are included in each jurisdictions Community Health Status Report but not summarized here

Metropolitan Washington, D.C. Region Compared to the United States, Healthy People 2010 Goals, and Peer Counties

***United States*:** The region as a whole is reasonably healthy when the health indicators for each jurisdiction are compared with United States along 21 indicators using data in the CHSI reports. There are two notable exceptions – prenatal care and breast cancer death rates. (See Relative Health Importance Table - Regional Jurisdictions and US at the end of Appendix B)

When looking at how each jurisdiction compared to the United States along all of the indicators for which comparisons were made, all but three jurisdictions compared favorably to their CHSI peers on at least 60% of the indicators.

***Healthy People 2010*:** The region's jurisdictions fall below most of the Healthy People 2010 targets, as did the United States as a whole. This is not surprising given that most of the indicator data in the CHSI reports is based on 2001-2003 vital statistics data since the goals were only recently issued at that time..

Peer Counties [16]**:** Using data contained in the Relative Health Importance Table[17] at the end of Appendix B contained in each jurisdiction's CHSI report, the health status picture is varied. Seven of the jurisdictions in the region compare favorably and 6 compared unfavorably to their peers on more than half of the 21 indicators. When looking at individual indicators, there were seven indicators on which more than half of the jurisdictions compared unfavorably to their peers— prenatal care (10 of 13 jurisdictions were unfavorable), breast cancer death rates (7 of 12 jurisdictions were unfavorable), homicide (8 of 9 jurisdictions were unfavorable), very low birth weight (9 of 13 jurisdictions were unfavorable), infant mortality (7 of 13 jurisdictions were unfavorable), Hispanic infant mortality (7 of10 jurisdictions were unfavorable), and births to women over 40 (11 of 13 jurisdictions were unfavorable).[18]

It is, however, misleading to look at the region's health strictly from the standpoint of external averages, rates, and targets. To address population health issues, it is important to look at regional and jurisdictional data.

[16] See earlier footnote for definition of peer counties

[17] "The Relative Health Importance Table creates four categories of relative concern by simply comparing one's county rate or percent to its median of peers and to 2003 U.S. rate or percent. The table highlights favorable and unfavorable standing between one's county, and other counties and the nation, and points to indicators which may warrant more attention" It…conveys a straightforward way of prioritizing health issues for counties. Comparisons to 2003 U.S. rate or percent and to its peers allow a quick and easy method for assessing one's county health relative to others. See http://www.communityhealth.hhs.gov/Companion_Document/CHSI-Data_Sources_Definitions_And_Notes.pdf

[18] Exceptions are cases where over half of the jurisdictions in the region for which specific indicator data was available fair unfavorable when compared their peer counties.

Differences in Population Health Across the Region: A Closer Look

There are large differences in health status indicators among the region's jurisdictions, as shown by the data in Appendix B. The following discussion highlights the variations within and among communities.

Summary Measures of Health Status[19]

- Life expectancy varies by where you live. For example, in some parts of the District of Columbia, life expectancy is 75 years, while in Fairfax County, it is 80.9 years, and in Montgomery County it is 81.3 years. (Table B-1)

- The percentage of adults reporting fair or poor health status in the District of Columbia, Manassas City, Prince George's County, and Prince William County is almost double that in Loudoun County, although all jurisdictions reported better health status than the United States as a whole.

- The number of "unhealthy days" reported by adults aged 18 and over ranged from a low of 3.6 days in Loudoun County to a high of 5.8 days in Prince William County, although all are better than the 6 days reported for the United States as a whole.

Birth Measures

- Low birth weight contributes to a range of poor health outcomes.[20] The percentage of low birth weight babies ranged from a low of 5.4% in Manassas Park City to a high of 11.5% in the District of Columbia, with most jurisdictions falling in the 6% range. All jurisdictions exceeded the Healthy People 2010 Target of 5%.

- Infant mortality is often used as a measure of a population's health status because: "…it reflects a group of key factors such as maternal health, access to medical care, and socioeconomic conditions"[21]. Rates in the region range from a low of 4.2% in Loudoun county and Arlington County, to a high of 11.9% in Prince George's County and 10.9% in the District of Columbia.

- African American infant mortality in the region exceeded the overall infant mortality rate for all race/ethnicities in the 10 jurisdictions for which data are available, and exceeded the United States rate for births to African American mothers in 4 jurisdictions[22]. (*check Hispanic IM*

[19] Compiled from the Community Health Status Indicator reports for each jurisdiction which can be found by going to http://www.communityhealth.hhs.gov/homepage.aspx?j=1
[20] http://www.who.int/reproductive-health/publications/low_birthweight/low_birthweight_estimates.pdf
[21] http://www.bostonindicators.org/indicatorsproject/health/indicator.aspx?id=1848
[22] Information on Black Infant Mortality not provided for Fairfax City, Falls Church City or Manassas Park City probably because of small numbers

- Prenatal care is often seen as a measure of access to services and is important "… in identifying and mitigating potential risks and helping women to address behavioral factors, such as smoking and alcohol use, that contribute to poor outcomes"[23]. The percentage of women receiving late or no prenatal care was 7.5% in Loudoun County, the only local jurisdiction to meet the Healthy People 2010 target. However, in four jurisdictions (Alexandria, Arlington County, Prince George's County, and the District of Columbia), more than 20% of women received late or no prenatal care. In 8 of 13 jurisdictions, the percentage of mothers who received late or no prenatal care was higher than that for the country as a whole.

Death Measures

The CHSI reports focus on nine causes of death addressed in Healthy People 2010: breast cancer, colon cancer, lung cancer, coronary heart disease, stroke, unintentional injuries, motor vehicle injuries, homicide, and suicide. All rates are per 100,000 persons, as indicated in the first bullet.

- ***Breast Cancer*** —Age adjusted death rates from breast cancer range from a high of 34.5 per 100,000 deaths in the District of Columbia to a low of 21.8 per 100,000 deaths in Frederick County. More than half (7 of 12) jurisdictions have rates higher than the United States rate of 25.3 per 100,000. None of the jurisdictions meet the Healthy People 2010 Target of 21.3 per 100,000.
- ***Colon Cancer*** —Rates range from a high of 37.3 in Manassas Park City to a low of 13.1 in Montgomery County. Five of 13 jurisdictions have rates above that of the United States, 19.1. Only Montgomery County meets the Healthy People 2010 target of 13.7.
- ***Lung Cancer*** —Rates range from a high of 64 in Manassas City to a low of 31.4 in Montgomery County. Three jurisdictions exceed the United States rate of 54.1. Rates in Montgomery County, Fairfax County, and Arlington County are lower than the Healthy People 2010 target of 43.3.
- ***Coronary Heart Disease*** —Rates range from a high of 255.7 in the District of Columbia to a low of 92.5 in Fairfax. The District of Columbia, Frederick County, Manassas City, and Prince George's County each have rates that exceed the United States rate of 172. Rates in all other jurisdictions are below the Healthy People 2010 target of 162.
- ***Stroke***—Again, there is wide variation across the region, ranging from highs of 94.8 and 87 in Manassas Park City and Manassas City, respectively, to a low of 37.3 in Arlington. Almost half (six) of the jurisdictions are above the U.S. rate, two are about equal to the U.S. rate, and the remaining five are below the Healthy People 2010 goal.
- ***Unintentional Injuries*** —While the age adjusted rates for unintentional injuries are lower than the U.S. rate in the 12 jurisdictions for which data are available, there is wide variation in the region ranging from a high of 30.2 in

[23] http://www.healthypeople.gov/document/HTML/Volume2/16MICH.htm#_Toc494699663

Manassas City to a low of 9.0 in Montgomery County. Five jurisdictions have rates lower than the Healthy People 2010 goal.

- ***Motor Vehicle_ Injuries*** —Rates are highest in Falls Church City, Fairfax City, and Prince George's County (21.2, 18.7 and 18.1, respectively). They are lowest in City of Alexandria, and Fairfax, Arlington, and Montgomery counties (6.6, 6.9, 7.4, and 7.6, respectively). Eight of 12 jurisdictions have rates lower than the U.S., and four have rates lower than the Healthy People 2010 goal.
- ***Homicide***—Data are available for nine jurisdictions, and rates range from highs of **33 (check**) in the District of Columbia and **18 (check**) in Prince George's County to less than 2.8 in Frederick, Arlington, and Fairfax counties.
- ***Suicide***—Suicide rates are highest and exceed the U.S. rate in Fairfax City and Frederick County (13.2 and 11.8, respectively). Rates in the other nine jurisdictions for which data are available are lower than the U.S. rate, with Montgomery County having the lowest rate (5.6).

Communicable Diseases

[Narrative to come] See Appendix B, page 24 for HIV/AIDS data and p 25 for Syphilis and Chlamydia data. Need TB data

Use of Adult Prevention Services and Risk Factors for Premature Death

The CHSI Project notes that: "The risk of developing certain cancers and suffering fatal consequences from respiratory illnesses can be reduced with the use of various preventive services. Early detection of cancer, through the use of screening tests, increases survival. In addition, preventing or reducing the severity of respiratory illness through the use of vaccinations reduces morbidity and death rates"[24]. Similarly, lack of exercise, poor diet, obesity, smoking, and certain chronic illnesses increase the risk of premature death from one of a number of causes.

While the CHSI Reports do not present any national or peer data on these issues, it is helpful to see how the region is faring along these indicators. The CHSI Reports draw this data from the CDC Behavioral Risk Factor Surveillance System (BRFSS) 2000-2006.

- ***Adult Prevention Services***—CHSI data regarding the use of these services is limited to eight jurisdictions for mammography, pap, and sigmoidoscopy exams; five jurisdictions for flu vaccines; and four jurisdictions for pneumonia vaccines.

    - o Mammography and Pap Exams: At least 79.8% of women reported having had a mammogram in the past two years and 86.8% report having had a pap test in the past three years.

[24] http://www.communityhealth.hhs.gov/Companion_Document/CHSI-Data_Sources_Definitions_And_Notes.pdf

- Sigmoidoscopy: The percent of people who reported having some type or proctoscope exam was much lower, ranging from 49.9% to 60.1%.
- Flu and Pneumonia Vaccines (adults over 65): 58% to 75% of those surveyed reported receiving a flu shot in the past year and 50% to 71% reported receiving a pneumonia vaccine.

- ***Risk Factors for Premature Death***

  - Exercise and Diet: In four of 10 jurisdictions for which data are available, more than 20% of the adult population surveyed reported no exercise. In nine jurisdictions for which data are available, 66% of adults eat fewer than the recommended number of vegetables on a daily basis.
  - Obesity - In the 10 jurisdictions for which data are available, at least 13.6% of the population responding to the BRFSS reported being obese. In four jurisdictions, more than 21% reported being obese
  - High Blood Pressure: More than 14% of the population in the 10 jurisdictions for which data are available reported being told that they have high blood pressure; in half the jurisdictions, this figure is more than 20%.
  - Diabetes: In the 10 jurisdictions for which data are available, all reported adults being told that they had diabetes, ranging from 10.3% in Manassas City to 2.7% in Loudoun County.
  - Smoking: The percentage of adults reporting that they were current smokers ranged from 21.3% in Manassas City to 11.9% in Montgomery County.

Access to Services

Narrative to come. See Appendix B pages 39 – 47 for health insurance coverage and other information

Issues of Common Concern

Issues throughout the Metropolitan Washington, D.C. region that warrant additional attention, as suggested by the CHSI Reports and the Small Area Health Insurance Estimates, include:

- Prenatal Care
- Infant Mortality among births to African American women
- Breast cancer death rates (this is particularly interesting because the percent of people reporting mammograms is high)
- Colon cancer screening
- Diet and exercise – not enough fruits/vegetables and lack of physical activity
- Obesity
- Hypertension
- Smoking

- Health insurance coverage for low-income adults under age 65

Section III: Health Equity and the Impact of Social Determinants of Health

Truly improving health—actually moving the needle on multiple indicators in a positive direction and sustaining that change—requires improving more than the health services system. We now know that It requires improving health equity.

Health equity is a social justice concept that assumes all people, regardless of circumstances, have an equal right to live a healthy life. It is a concept that has emerged, over the past decade, from research that sought to explain the significant and persistent health disparities that exist between different groups of people—between people of different races and ethnicities, between people who are more affluent and better educated and those who are not, between people who live in one community compared to another.

As a result of extensive research, it is now widely accepted as fact that our health—whether excellent, good, fair, or poor— is not simply a matter of genetics, personal behaviors, or lifestyle choices. Nor is it just a matter of insurance coverage and access to health care services. While these things are important, our health is actually determined by the conditions and characteristics of our everyday lives that are difficult or impossible to change: our race and ethnicity, our education level and income, our family history and early life experiences, and even the neighborhoods and houses we live in. These factors—along with the concomitant issues of racism, prejudice, and discrimination— are collectively referred to as the "social determinants of health."

The social determinants of health have, in recent years, been the subject of intense study by governments, global health organizations, academics, and private foundations. The World Health Organization (WHO), for example, created, in 2005, a special Commission on the Social Determinants of Health, which concluded, in 2008, that: "The social determinants of health are mostly responsible for health inequities—the unfair and avoidable differences in health status seen within and between countries." The WHO Commission went on to recommend that, in order to reduce health inequities and improve global health, daily living conditions must be improved in poor countries and the inequitable distribution of power, money, and resources must be tackled.

More recently, the Robert Wood Johnson Foundation's Commission to Build a Healthier America, which also examined the social determinants of health over a period of three years, issued its own recommendations to improve health and health equity in America. They include improving access to healthy foods and increasing opportunities for physical activity, particularly in low-income communities where fresh, nutritious foods and recreational options are limited. They also recommend the creation of "healthy communities," in which the development of local policies, programs, and infrastructure planning takes health impact into consideration, and wellness and safety are integrated into every aspect of community life.

Implications for the Region

The data presented in this report illuminate the not only the general health status of the Washington, D.C. metropolitan region, but also health inequities that exist here. We know from the data, for example, that the region's population is diverse and growing more so. And research has shown that race/ethnicity as well as experiences with discrimination impact health. According to a recent report, *Overcoming Obstacles to Health*, by researchers at the University of California, San Francisco (UCSF):

- More African American, Native American, Latino, and Pacific Islanders are in poor or fair health than whites at practically every income level (although recent Latino immigrants report better health).
- African American women—of any class—who reported high levels of experience with racial discrimination were nearly fives times as likely to deliver underweight babies as those who reported no experience with it.

And while the data show that the region as a whole is relatively prosperous, there are large pockets of income inequality among and within jurisdictions, which research shows also indicate the presence of health inequities. The same UCSF report also found:

- More affluent Americans and their children live healthier lives than middle-class and low-income American families.
- Middle-class Americans, on average, die up to two years earlier than more affluent Americans.
- Compared with adults in the highest income group, poor adults are three times as likely to have a chronic illness such as asthma or diabetes.
- Children in the lowest income families are seven times as likely to be in fair or poor health compared with children in the highest income families.

Further, education, just like income, varies by jurisdiction and race, and the variations also have health implications. The UCSF study also found:

- Poor, less educated and minority Americans die, on average, up to six year sooner than their wealthier, better educated counterparts.
- Compared with college graduates, adults who have not finished high school are four times as likely to be in fair or poor health.

These findings are consistent with the community health indicator data presented in Section II of this report, which reveal significant disparities across jurisdictions—with residents in those communities where income and education levels are higher and percentages of minorities are lower enjoying better health than residents of low-income, less-educated, largely minority communities.

Historically, health policies and public health practices have sought to place Band-Aids on the symptoms of poor health—addressing poor health status through efforts to screen for and prevent specific health problems while also increasing access to medical care. While these efforts are vital to improving and maintaining health, they do nothing to address the root causes of poor health and little to change the status quo. Improving community health, therefore, is really about addressing the social determinants of health and creating health equity.

Some of the health equity efforts underway in communities around the region and the nation, include:

- ADD

Appendix A: Demographics*

Table 1. Density

	US	Regional	DC	MD	Frederick	Montgomery	Prince George's	VA	Arlington	Fairfax	Loudoun	Prince William	Alexandria city	Fairfax city	Manassas City	Manassas Park City	Falls Church City
Area (sq miles)*	N/A	N/A	61.4	N/A	662.9	495.52	485.4	N/A	25.87	395	519.9	337.8	15.18	6.31	9.93	N/A	N/A
person per sq miles	N/A	N/A	9,532	N/A	335	1,868	1,718	N/A	7,800	2,548	512	1,044	9,132	3,604	3,639	N/A	N/A

Table 2. Race/Ethnicity

Total pop.	US, 298,757,310	Regional, 4,591,613	DC, 585,267	MD, 559,7843	Frederick, 222,034	Montgomery, 925,719	Prince George's, 833,862	VA, 7,636,644	Arlington, 201,798	Fairfax, 1,006,576	Loudoun, 266,087	Prince William, 352,773	Alexandria City, 138621	Fairfax City, 22,743	Manassas City, 36,133	Manassas Park City, N/A	Falls Church City, N/A
% White	75.7%	54.7%	34.9%	**62.3%**	85.3%	62.5%	23.3%	**72.2%**	72.8%	69.1%	75.2%	62.9%	68.2%	74.5%	66.9%	N/A	N/A
% Black or African	12.6%	27.4%	56.4%	**29.4%**	8.2%	16.5%	65.5%	**19.9%**	8.4%	9.5%	8.0%	19.7%	21.5%	5.8%	12.0%	N/A	N/A
% American Indian/ Alaska Native	0.8%	0.3%	0.3%	**0.3%**	0.3%	0.2%	0.3%	**0.3%**	0.2%	0.2%	0.2%	0.5%	0.2%	0.5%	0.2%	N/A	N/A
% Asian	4.4%	9.2%	3.2%	**4.9%**	3.3%	13.3%	4.0%	**4.8%**	9.1%	16.1%	11.9%	7.1%	5.8%	15.6%	4.4%	N/A	N/A
% Some other race	6.3%	6.2%	5.2%	**3.1%**	2.8%	7.3%	6.9%	**2.7%**	9.5%	5.0%	4.6%	9.8%	4.3%	3.6%	16.3%	N/A	N/A
% Two or more races	2.1%	2.1%	1.5%	**1.9%**	1.8%	2.2%	2.1%	**1.9%**	2.4%	2.1%	2.5%	2.6%	2.8%	3.1%	3.3%	N/A	N/A
% Hispanic or Latino (of any race)	14.7%	12.5%	8.3%	**6.0%**	5.1%	14.0%	11.3%	**6.3%**	16.2%	13.3%	9.7%	18.3%	13.3%	13.3%	25.9%	N/A	N/A

Table 3. Age

	US	Regional	DC	MD	Frederick	Montgomery	Prince George's	VA	Arlington	Fairfax	Loudoun	Prince William	Alexandria city	Fairfax city	Manassas City	Manassas Park City	Falls Church City
Median age	36.4	NA	35	**37.2**	36.5	38.7	34.8	**36.8**	36.9	38.6	32.7	32.3	37.2	40.6	33.2	N/A	N/A
Under age 18	24.4%	23.89%	19.5%	**24.4%**	26.2%	24.5%	25.4%	**23.9%**	17.7%	24.6%	30.2%	29.7%	19.4%	19.7%	29.1%	N/A	N/A
65 years and over	9.60%	11.61%	11.9%	**11.60%**	9.80%	12.00%	8.7%	**11.60%**	9.1%	9.2%	5.6%	6.0%	10.5%	14.2%	7.6%	N/A	N/A

*Regional Caculation: Sum of states population by each age factor divided by the sum of states Total populations.

* Data for this Appendix collected from U.S. Census Bureau, American Community Survey, American FactFinder. Jurisdiction data profiles 2005-2007 averages.

Table 4. Economic Status

	US	Regional	DC	MD	Frederick	Montgomery	Prince George's	VA	Arlington	Fairfax	Loudoun	Prince William	Alexandria city	Fairfax city	Manassas City	Manassas ParkCity	Falls Church City
Un-employed*	4.20%	3.50%	5.9%	3.80%	2.50%	3.00%	5.2%	3.20%	1.9%	2.4%	2.2%	3.1%	2.7%	3.00%	3.4%	N/A	N/A
Median household income	50,007	NA	52,187	66,873	76,920	89,284	68,410	58,378	90,047	102,460	104,612	85,538	77,797	93,441	74,221	N/A	N/A
Per capita income	26,178	NA	38,009	32,933	33,593	45,032	29,789	30,651	53,981	47,795	42,110	34,403	51,301	41,271	30,076	N/A	N/A
BELOW POVERTY LEVEL																	
Under 18	18.3%	NA	29.3%	10.4%	4.9%	4.6%	10.0%	13.0%	8.3%	6.7%	1.70%	7.0%	7.2%	2.9%	17.9%	N/A	N/A
18-64	11.9%	NA	16.3%	7.4%	4.2%	4.5%	7.4%	8.9%	6.6%	4.6%	3.1%	3.6%	5.6%	3.9%	8.0%	N/A	N/A
65+ years	9.9%	NA	15.6%	8.1%	4.8%	5.9%	7.6%	9.4%	10.0%	4.9%	4.5%	5.7%	11.2%	0.0%	7.7%	N/A	N/A

*Population: 16 years and older
*Regional Caculation: Sum of jurisdictions with information available for unemployment divided by sum of jurisdiction populations over 16 years. Data not available for Manassas Park City and Falls Church City.

Table 5. Education*

	US	Regional	DC	MD	Frederick	Montgomery	Prince George's	VA	Arlington	Fairfax	Loudoun	Prince William	Alexandria city	Fairfax city	Manassas City	Manassas Park City	Falls Church City
Less than 9th grade	6.50%	4.80%	6.3%	4.30%	2.7%	4.5%	6.0%	5.60%	5.6%	3.8%	2.6%	5.6%	5.4%	3.9%	10.9%	N/A	N/A
9th to 12th grade, no diploma	9.50%	5.78%	9.6%	8.80%	6.7%	4.3%	8.2%	9.10%	4.2%	3.7%	3.3%	6.3%	4.1%	6.3%	9.5%	N/A	N/A
High school graduate*	30.00%	19.07%	21.4%	27.00%	29.1%	14.7%	27.9%	27.10%	10.4%	14.5%	16.0%	23.7%	13.2%	18.2%	26.9%	N/A	N/A
Some college, no degree	19.60%	15.99%	13.8%	18.80%	20.1%	14.3%	21.1%	18.70%	9.3%	14.2%	15.8%	20.7%	13.5%	18.1%	20.9%	N/A	N/A
Associate's degree	7.40%	35.06%	3.5%	6.40%	7.7%	5.7%	6.8%	6.60%	3.5%	5.6%	7.3%	7.3%	4.1%	4.6%	5.3%	N/A	N/A
Bachelor's degree	17.10%	25.57%	20.4%	19.30%	21.0%	27.1%	17.8%	19.60%	31.0%	30.9%	35.5%	22.7%	31.0%	27.8%	17.6%	N/A	N/A
Graduate or pro-fessional degree	9.90%	23.08%	25.0%	15.40%	12.6%	29.4%	12.3%	13.30%	36.0%	27.5%	19.7%	13.8%	28.7%	21.1%	8.8%	N/A	N/A
% high school graduate or higher	84.00%	NA	84.1%	86.90%	90.6%	91.2%	85.8%	85.30%	90.2%	92.6%	94.2%	88.1%	90.6%	89.8%	79.6%	N/A	N/A
% bachelor's degree or higher	27.00%	NA	45.4%	34.70%	33.6%	56.5%	30.1%	32.90%	67.0%	58.4%	55.2%	36.5%	59.7%	48.9%	26.4%	N/A	N/A

*Population 25 yrs and over
*Regional Caculation: Sum of jurisdictions with information available for each education factor divided by sum of jurisdiction populations over 25 years. Data not available for Manassas Park City and Falls Church City.
* High School Graduate include equivalency.

Table 6. Language Spoken in the Home*

	US	Regional	DC	MD	Frederick	Montgomery	Prince George's	VA	Arlington	Fairfax	Loudoun	Prince William	Alexandria city	Fairfax city	Manassas City	Manassas Park City	Falls Church City
English only*	80.5%	73.79%	**84.9%**	**85.30%**	89.6%	65.0%	80.6%	**87.0%**	69.2%	66.1%	75.8%	72.8%	69.3%	66.3%	NA	N/A	N/A
Language other than English	19.5%	26.72%	**15.1%**	**14.70%**	10.4%	35.0%	19.4%	**13.0%**	30.8%	33.9%	24.2%	27.2%	30.7%	33.7%	NA	N/A	N/A
Language other than English at home and Speak English less than "very	8.6%	11.39%	**5.3%**	**5.90%**	3.8%	14.5%	8.7%	**5.5%**	11.5%	15.2%	9.8%	13.1%	13.8%	14.0%	NA	N/A	N/A

*Population 5 years and over
*Regional Caculation: Sum of jurisdictions with information available for each language factor divided by sum of jurisdiction populations over 5 years. Data

Appendix B: Community Health Status Indicators

The indicator charts on the following pages (except for Communicable Diseases and Health Insurance Coverage) were compiled from data in the 2008 Community Health Status Indicator Reports for 13 jurisdictions that are part of the Metropolitan Washington Region*. The reports were produced through a partnership of federal agencies and nonprofit organizations. The sources the data in the CHSI reports is noted on the c hart.

The charts are organized as follows:

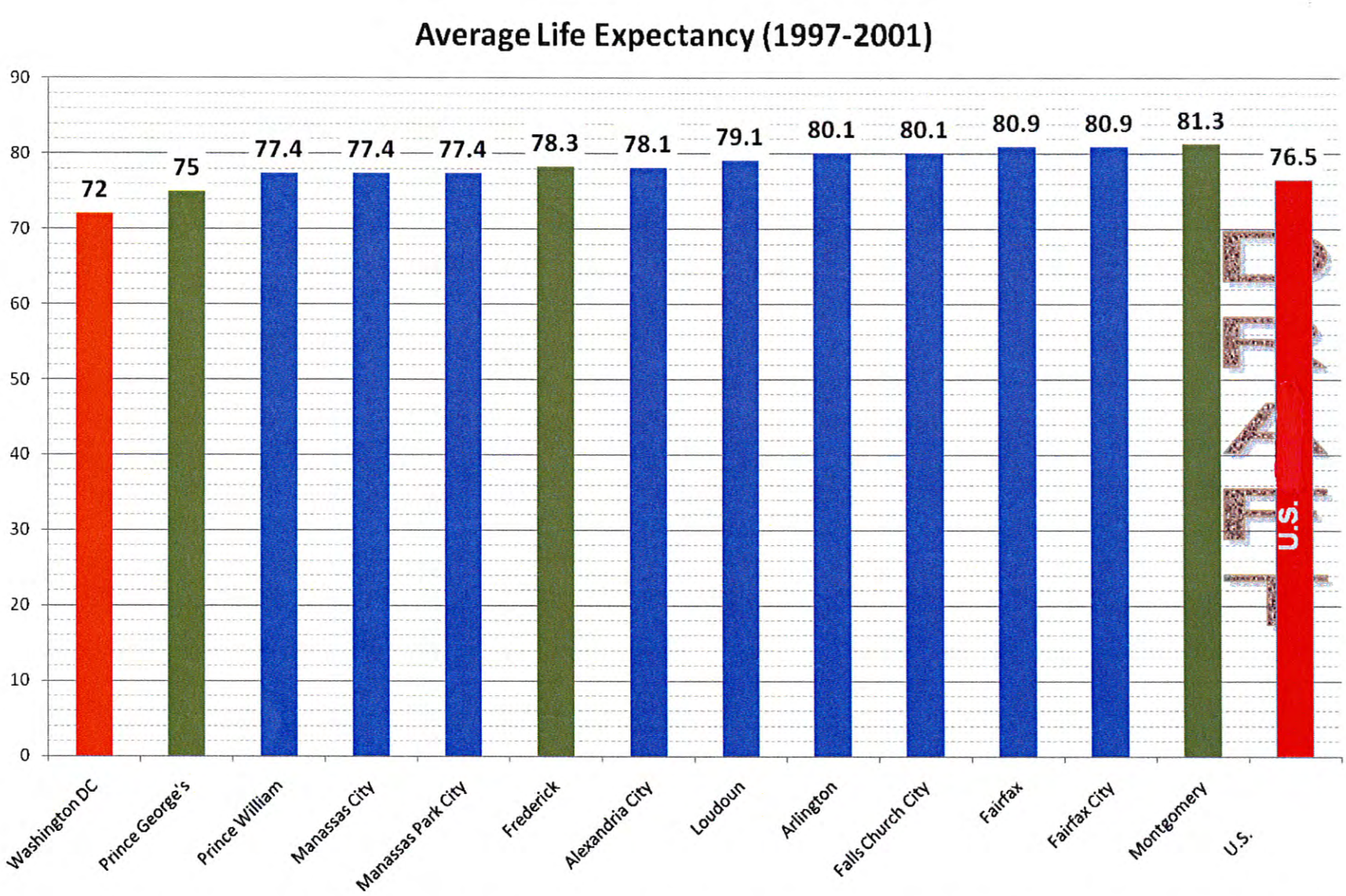
- Summary Measures of Health
- Measures of Birth and Death
- Communicable Diseases
- Adult Prevention Service Use
- Risk Factors for Premature Death
- Access to Care

* District of Columbia, Maryland (Frederick, Montgomery and Prince George's counties), and Virginia (Counties of Arlington, Fairfax, Loudoun, and Prince William; and Alexandria City, Falls Church, Fairfax City, Manassas Park City; Manassas Park)

Summary Measures of Health Status

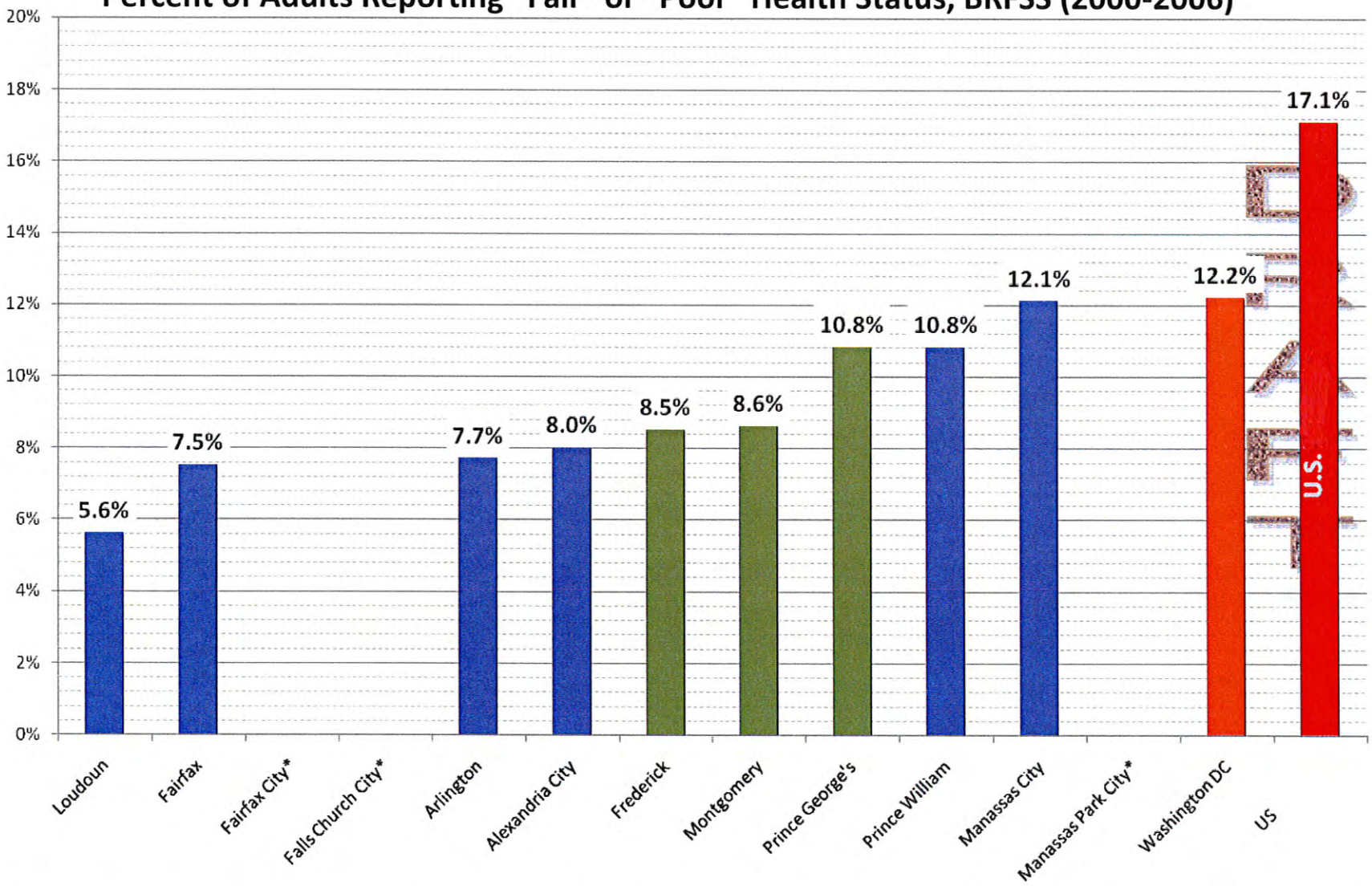
- Life Expectancy
- Self-reported health status
  - Self-rated health status
  - Average Number of Unhealthy Days in Past Month

Note: See CHSI Report for selected local data on national leading causes of leading causes of death by age group/ethnicity. This is reported by % of deaths for each race/ethnic group with more than 20 reported deaths between 2001-2003. Availabile information varies by jurisdiction. Leading causes of death in each jurisdiction may be different from the national causes listed in the CHSI Report.



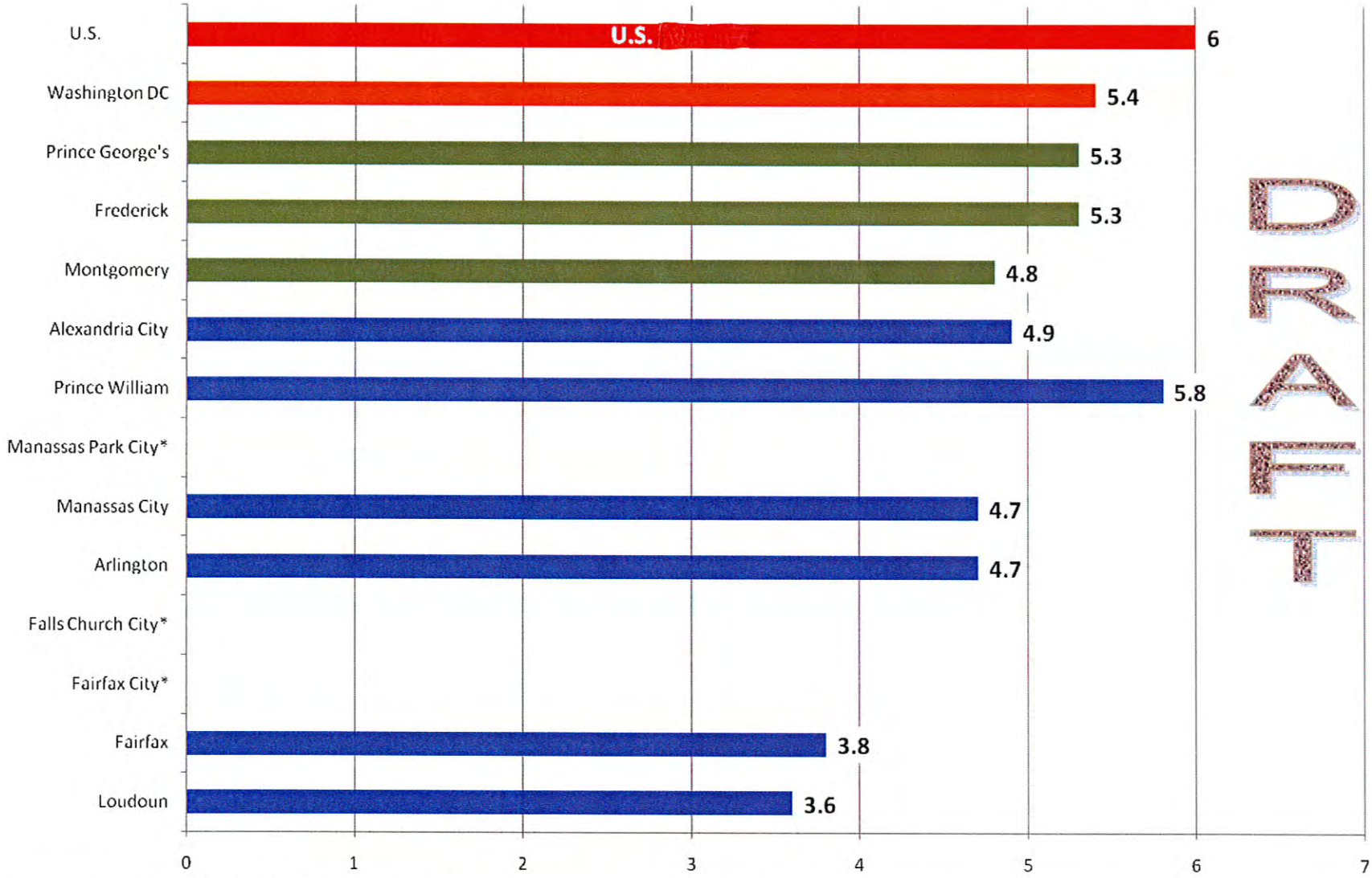
The average number of years a baby born in a particular year is expected to live if current age-specific mortality trends continue to apply. Calculations for the 5-year life expectancies (1997–2001) were made by Chris Murray and colleagues at the Harvard School of Public Health. Methodology, data source information described in: Murray CJL, Kulkarni SC, Michaud C, Tomijima N, Bulzacchelli MT, et al., Eight Americas: Investigating Mortality Disparities across Races, Counties, and Race-Counties in the United States . PLoS Medicine Vol. 3, No. 9, e260

Self Rated Health Status:
Percent of Adults Reporting "Fair" or "Poor" Health Status, BRFSS (2000-2006)



Percentage of adults aged 18 years and older who report "fair" or "poor" overall health is provided by the 2000–2006 Behavioral Risk Factor Surveillance System (BRFSS), a survey conducted jointly by states and the Centers for Disease Control and Prevention. *County-specific data are reported for this indicator if there are more than 50 respondents in the specific time period to the survey; BRFSS generated state weights are used in calculating the county prevalence.

Reported Number of Unhealthy Days in the Past Month, BRFSS (2000-2006)



The average number of unhealthy days (mental or physical) in the past 30 days, reported by adults aged 18 years and older is provided by the Behavioral Risk Factor Surveillance System (BRFSS), 2000-2006, a survey conducted jointly by states and the Centers for Disease Control and Prevention. *County-specific data are only reported for this indicator and average number of unhealthy days in the past month (below) if there are more than 50 respondents in the specific time period to the survey; BRFSS generated state weights are used in calculating the county prevalence.

Birth and Death Measures

Birth Measures

- Low Birth Weight
- Premature Births
- Late or no prenatal care
- Infant Mortality
- Births to Women Under 18
- *Births to Women Over 40**
- *Births to Unmarried Women**

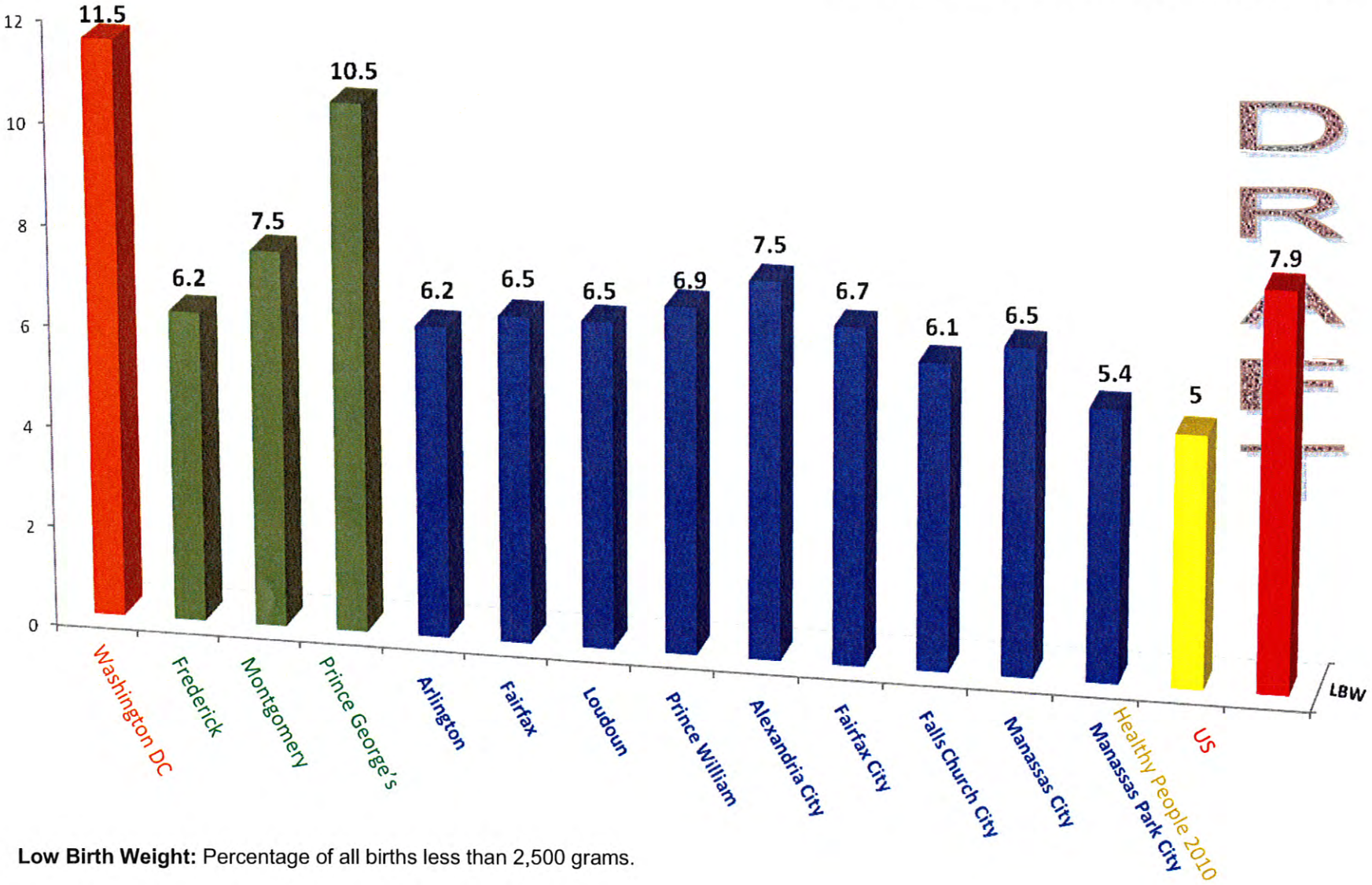
* *Can be added (in CHSI Reports)*

Death Measures

- Breast Cancer
- Colon Cancer
- Lung Cancer
- Coronary Heart Disease
- Stroke
- Unintentional Injuries
- Motor Vehicle Injuries
- Homicide
- Suicide

Low Birth Weight

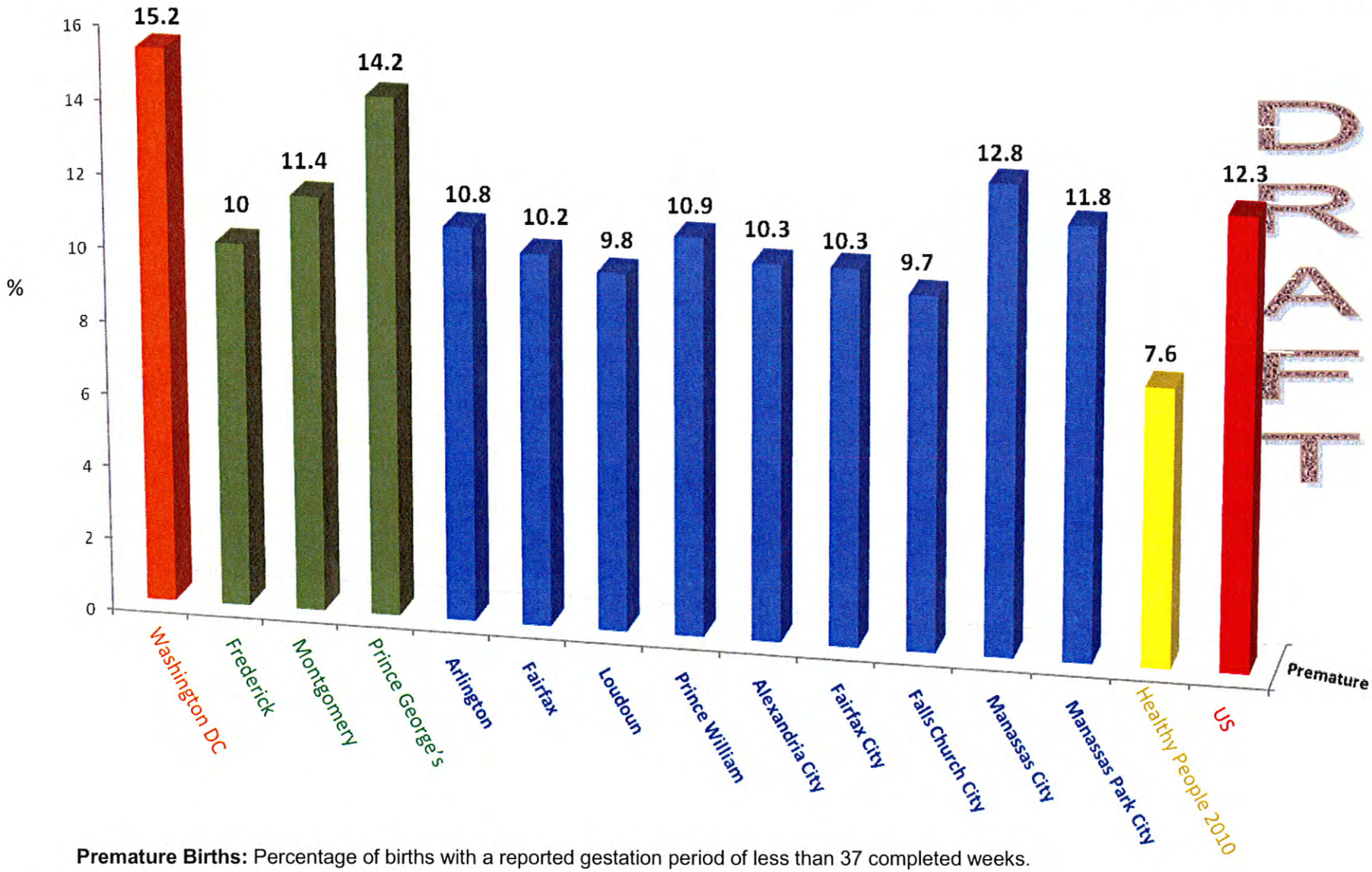
National Center for Health Statistics,
National Vital Statistics System, 2001–2003



Low Birth Weight: Percentage of all births less than 2,500 grams.

Premature Births

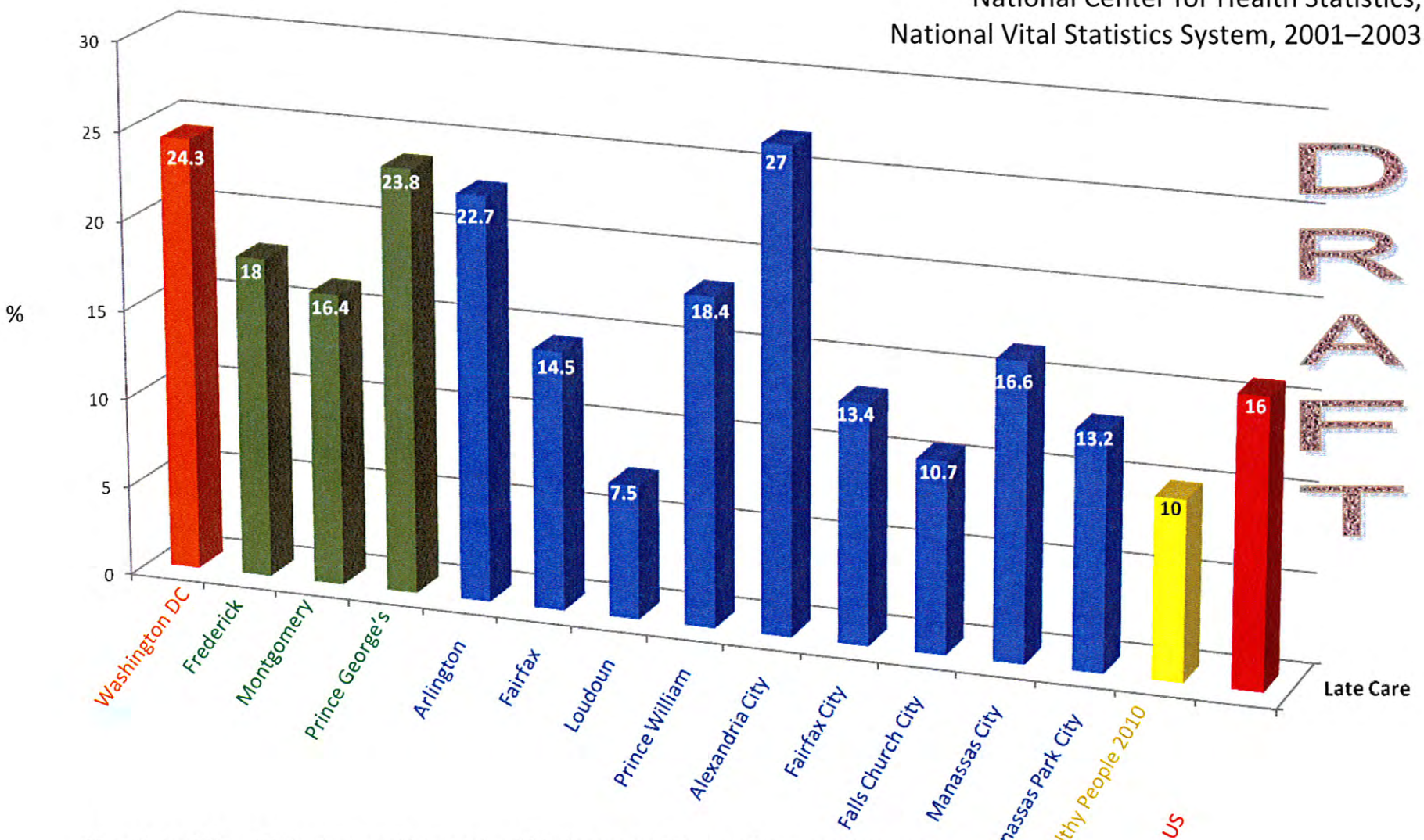
National Center for Health Statistics,
National Vital Statistics System, 2001–2003



Premature Births: Percentage of births with a reported gestation period of less than 37 completed weeks.

Late Pre-Natal Care

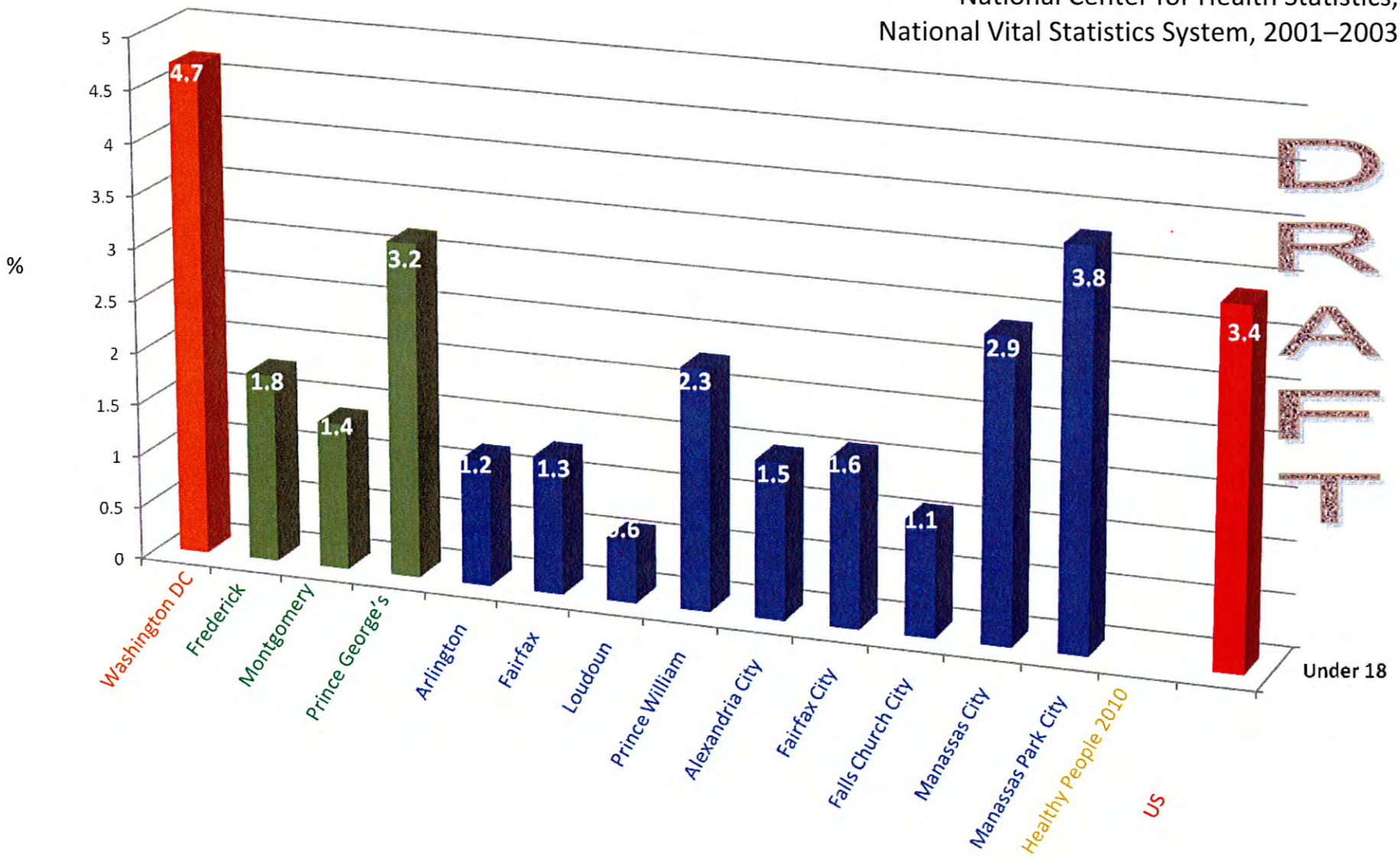
National Center for Health Statistics,
National Vital Statistics System, 2001–2003



No Care First Trimester: Percent of births to mothers who reporting no prenatal care during the first 3 months of pregnancy, including those with no prenatal care.

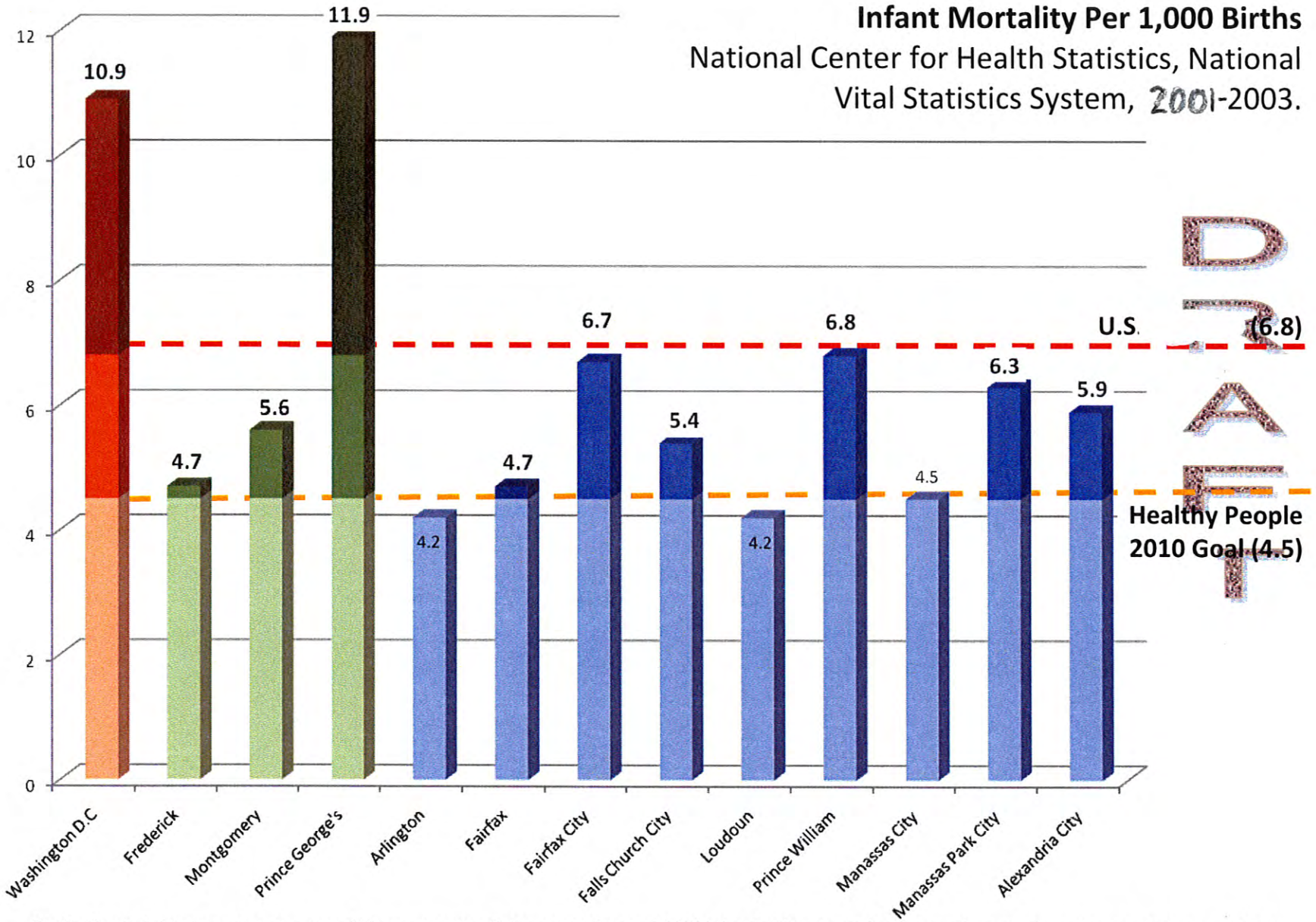
Births to Women Under Age 18

National Center for Health Statistics,
National Vital Statistics System, 2001–2003

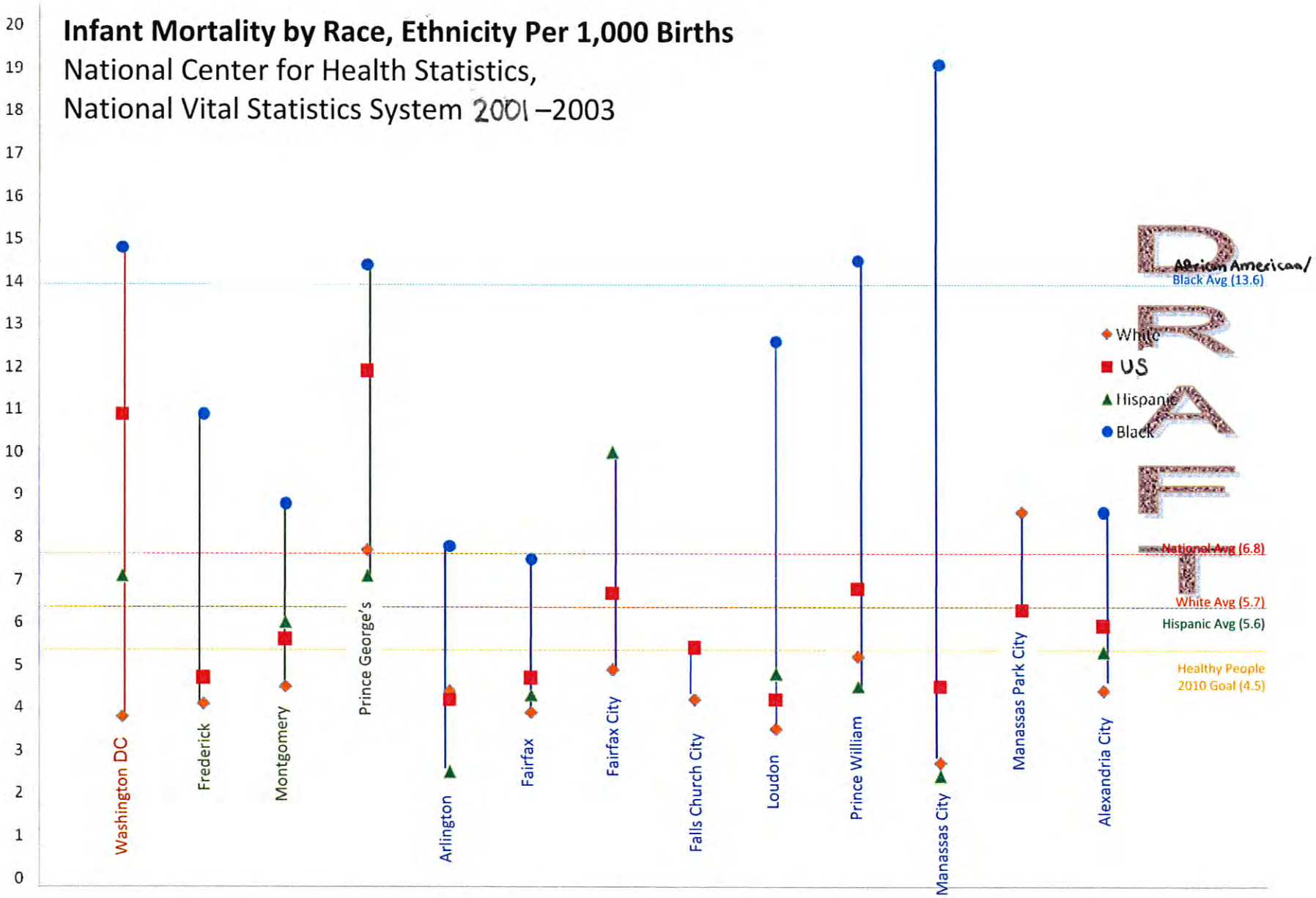


Births to Women under 18: Percentage of all births to mothers less than 18 years of age.

*The Healthy People 2010 had "no objective" in the category of Births to Women under 18.



Death of an individual less than one year old from any cause. Rates are deaths per 1,000 births. Deaths are weighted so numbers may be not an exact integer, and the summation of 3, 5, or 9 years of infant death count is rounded to the next whole integer before infant mortality rate is calculated. Depending upon county population size, the period infant mortality rate for the most recent 3, 5, or 9 years is reported . Methodology described at http://www.cdc.gov/nchs/data/nvsr/nvsr55/nvsr5514.pdf.



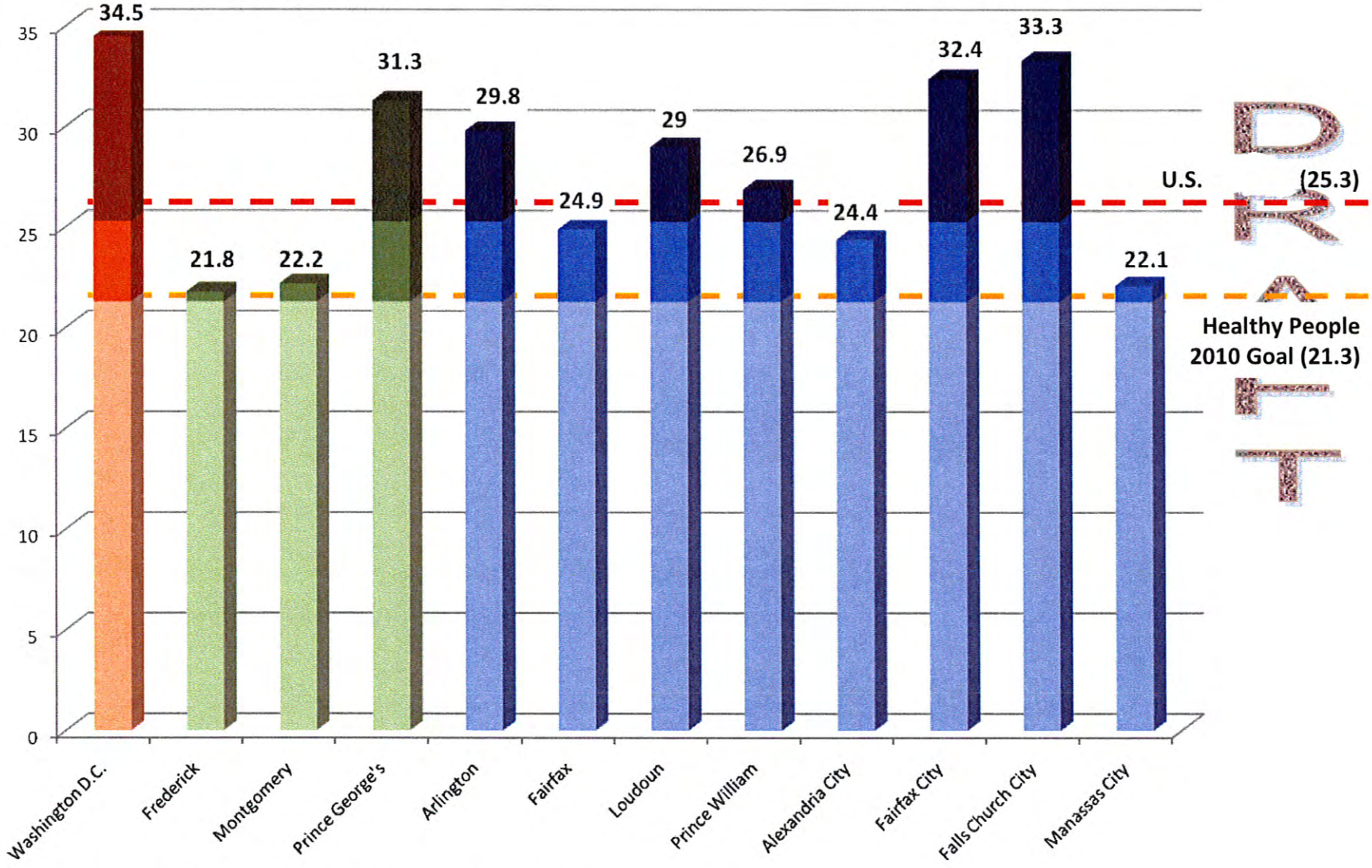
Death of an individual less than one year old from any cause. Rates are deaths per 1,000 births. Deaths are weighted so numbers may be not an exact integer, and the summation of 3, 5, or 9 years of infant death count is rounded to the next whole integer before infant mortality rate is calculated. Depending upon county population size, the period infant mortality rate for the most recent 3, 5, or 9 years is reported . Methodology described at http://www.cdc.gov/nchs/data/nvsr/nvsr55/nvsr5514.pdf.

Death Rates

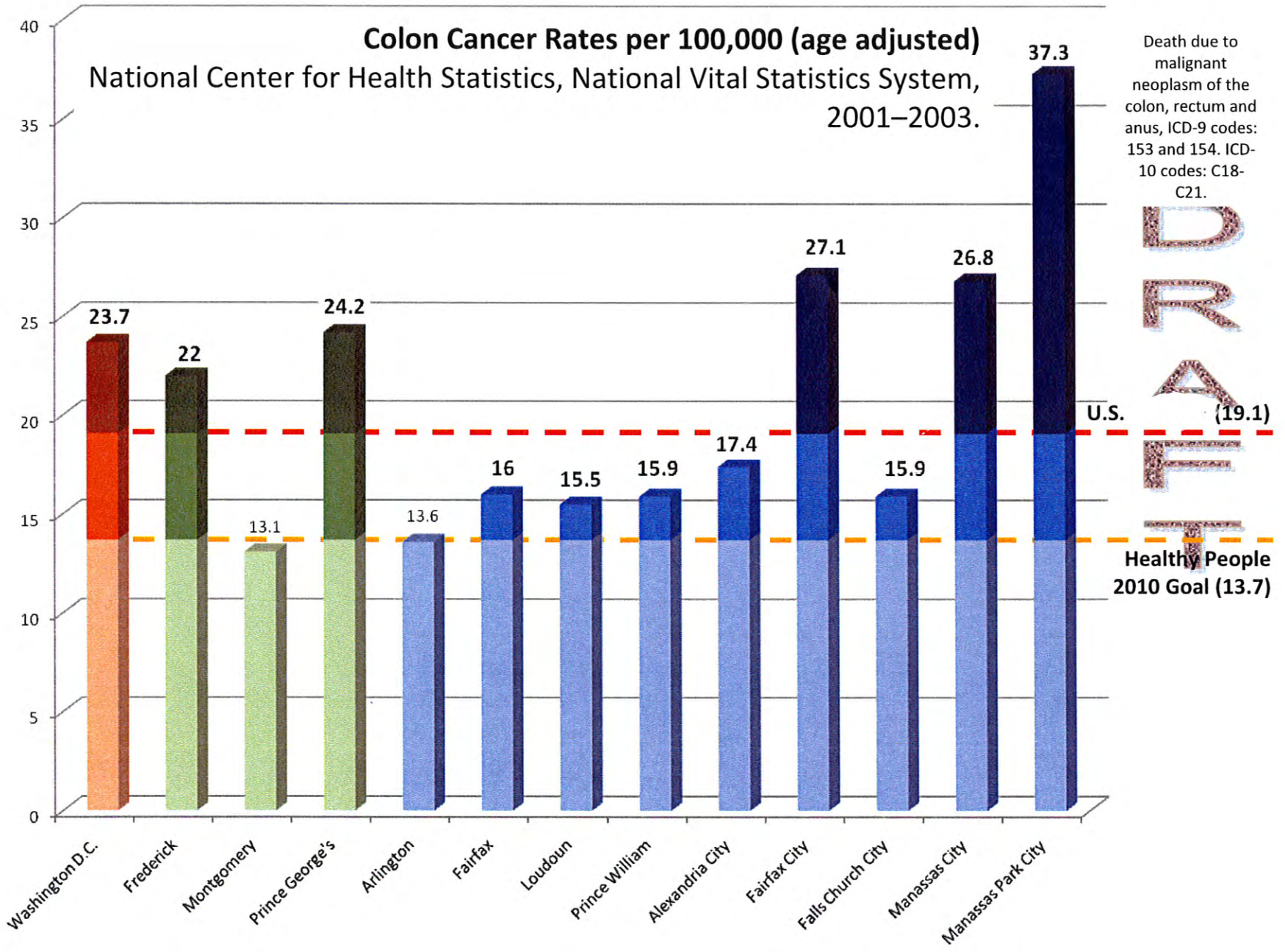
The age adjusted death rates from diseases associated with risk factors for premature death (including behaviors, use of preventive services and chronic conditions) are highlighted on the next set of slides.

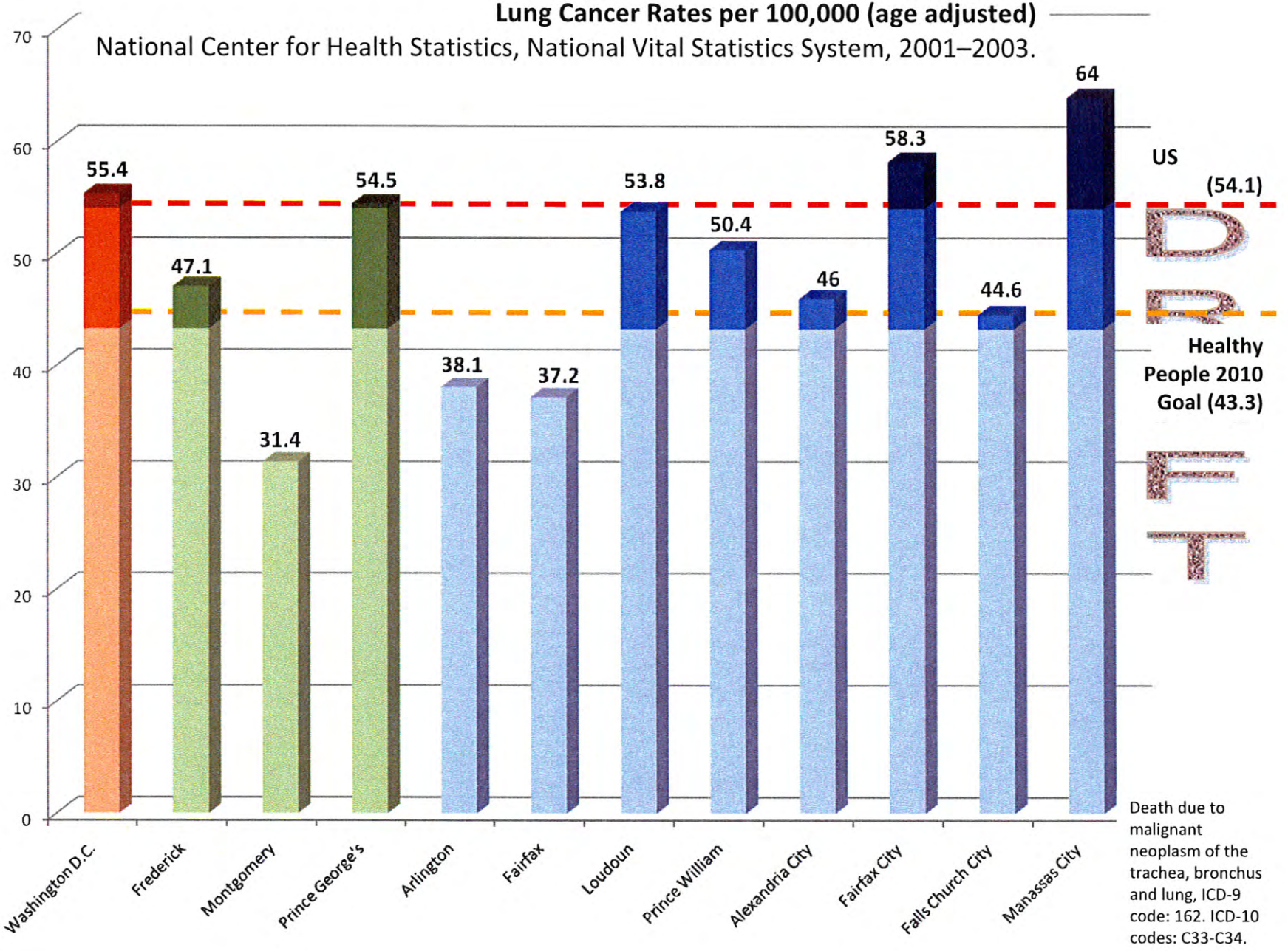
Breast Cancer Rates per 100,000 (age adjusted)

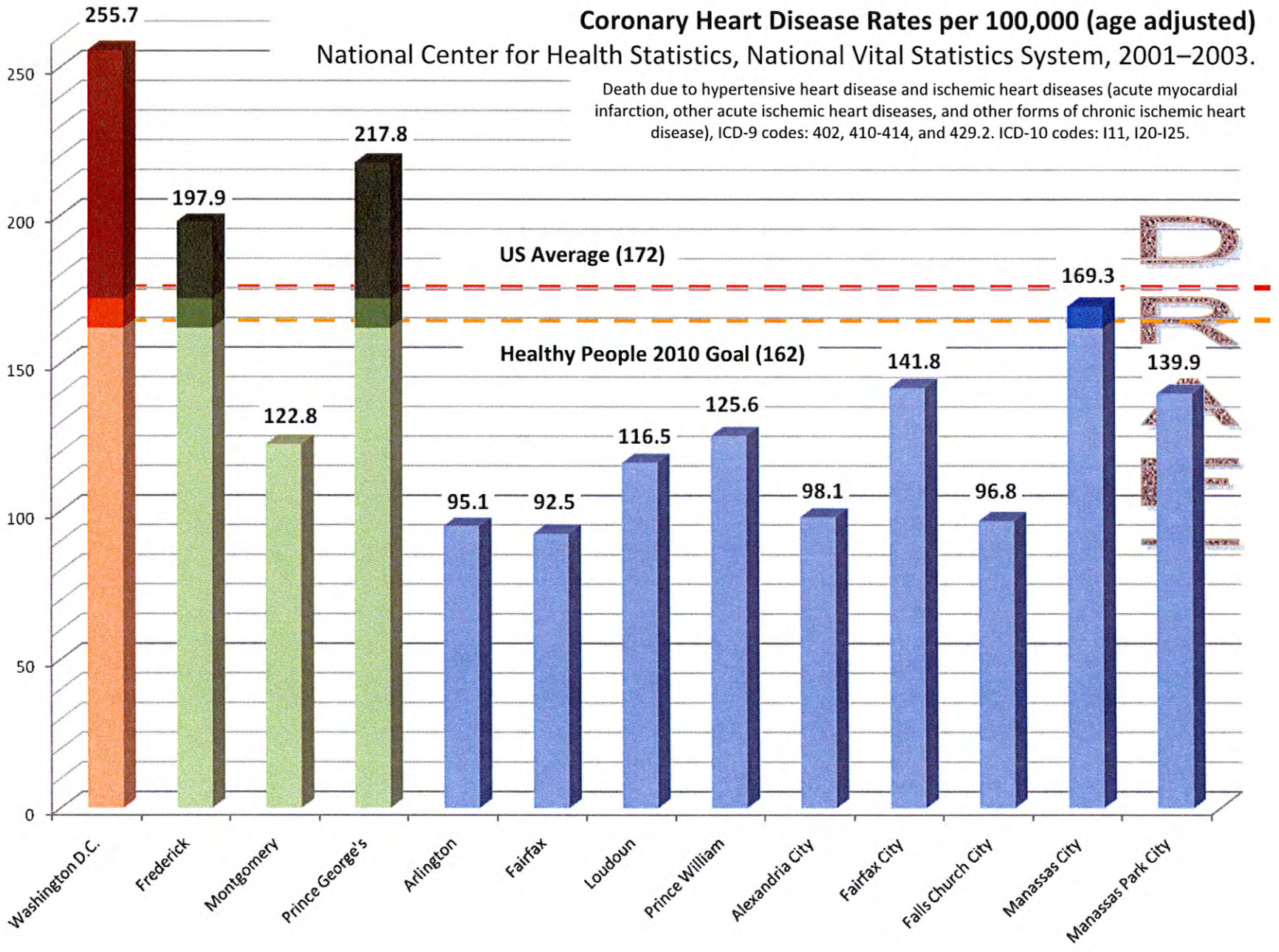
National Center for Health Statistics
National Vital Statistics System, 2001–2003.



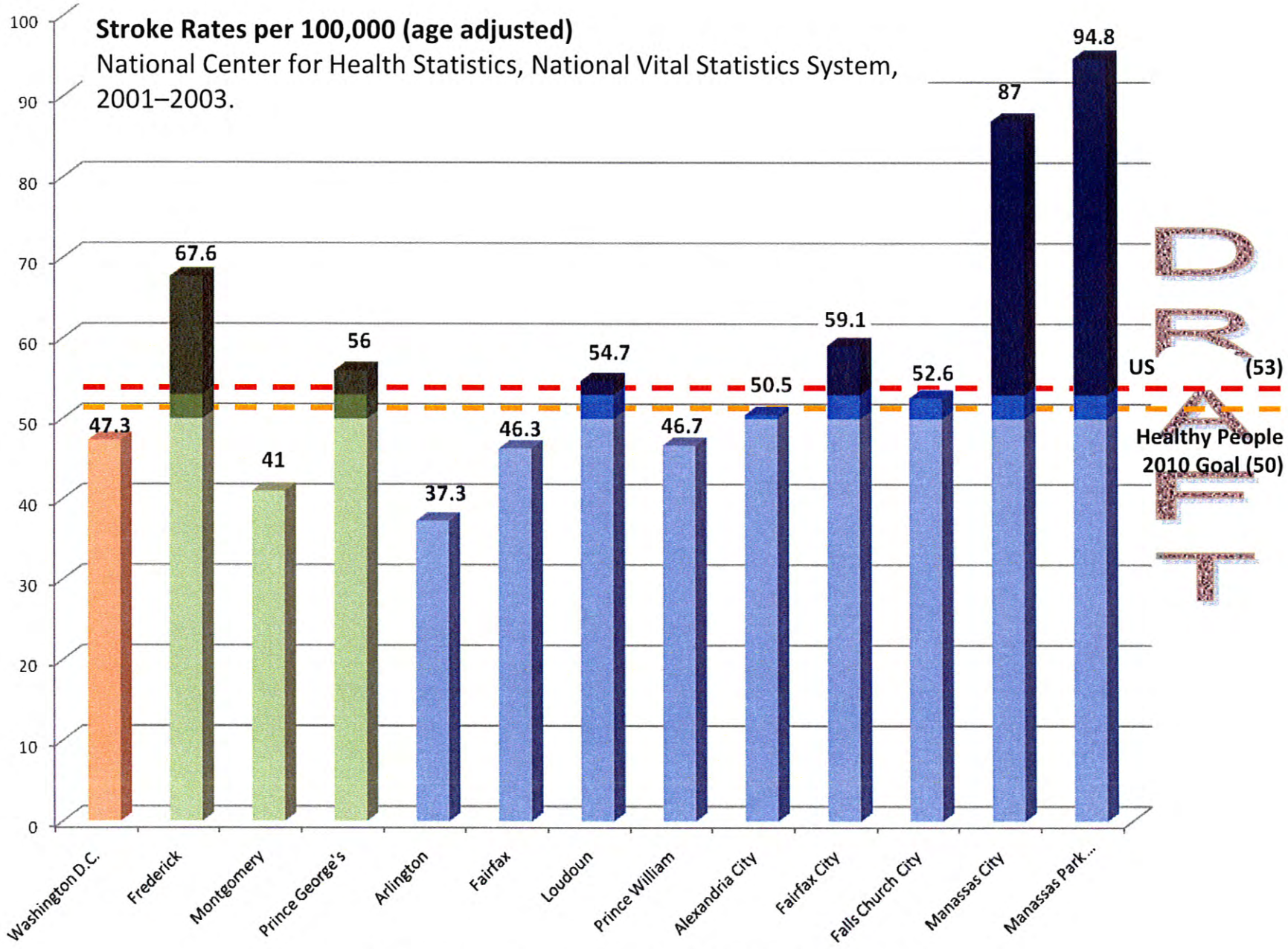
Death due to malignant neoplasm of the female breast, ICD-9 code: 174. ICD-10 code: C50.


Colon Cancer Rates per 100,000 (age adjusted)
National Center for Health Statistics, National Vital Statistics System, 2001–2003.
Death due to malignant neoplasm of the colon, rectum and anus, ICD-9 codes: 153 and 154. ICD-10 codes: C18-C21.
40
35
30
25
20
15
10
5
0
23.7
22
13.1
24.2
13.6
16
15.5
15.9
17.4
27.1
15.9
26.8
37.3
U.S. (19.1)
Healthy People 2010 Goal (13.7)
Washington D.C.
Frederick
Montgomery
Prince George's
Arlington
Fairfax
Loudoun
Prince William
Alexandria City
Fairfax City
Falls Church City
Manassas City
Manassas Park City

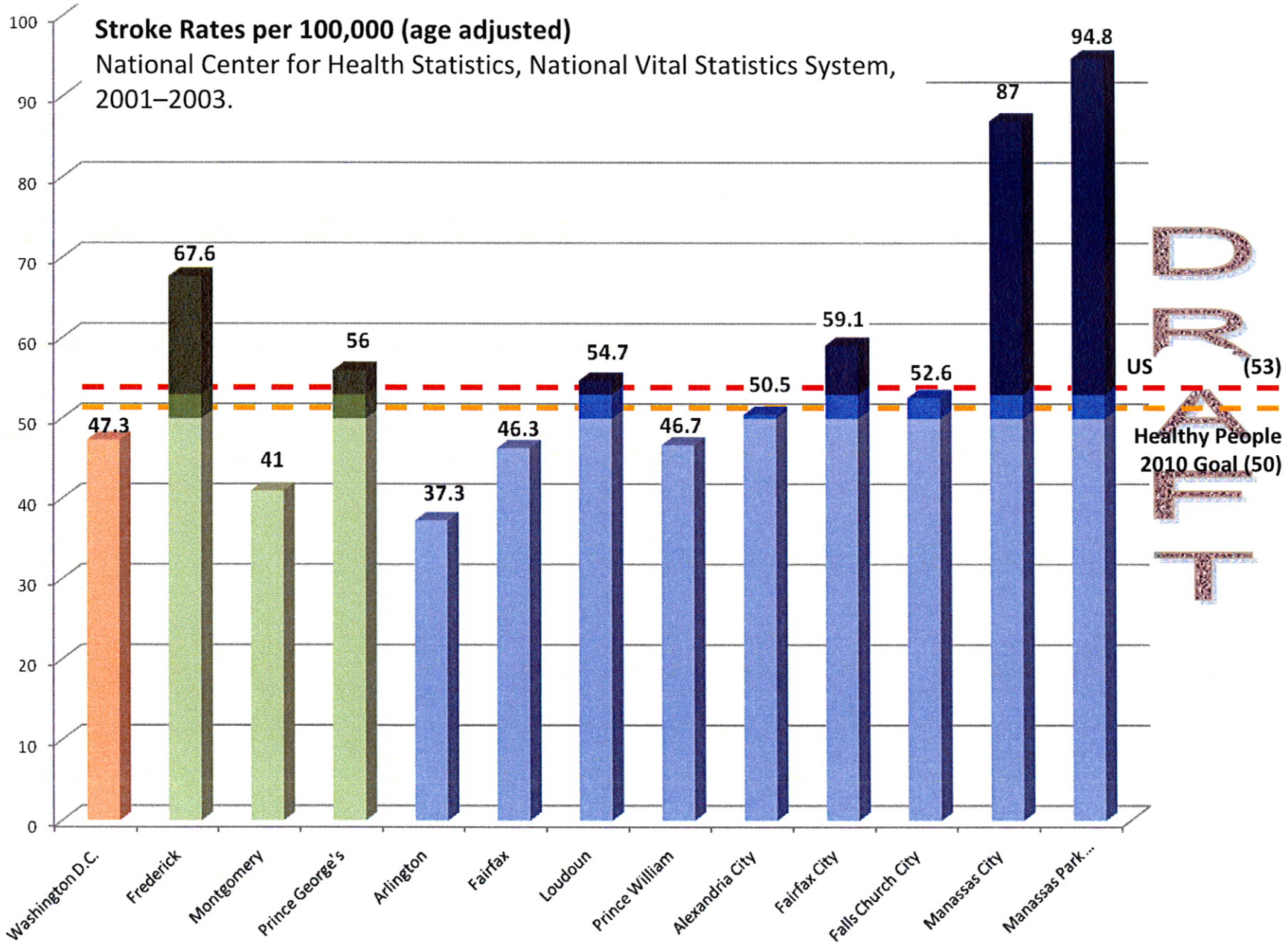

Lung Cancer Rates per 100,000 (age adjusted)
National Center for Health Statistics, National Vital Statistics System, 2001–2003.
70
60
50
40
30
20
10
0
55.4
47.1
31.4
54.5
38.1
37.2
53.8
50.4
46
58.3
44.6
64
US
(54.1)
Healthy
People 2010
Goal (43.3)
DRAFT
Washington D.C.
Frederick
Montgomery
Prince George's
Arlington
Fairfax
Loudoun
Prince William
Alexandria City
Fairfax City
Falls Church City
Manassas City
Death due to malignant neoplasm of the trachea, bronchus and lung, ICD-9 code: 162. ICD-10 codes: C33-C34.


Coronary Heart Disease Rates per 100,000 (age adjusted)
National Center for Health Statistics, National Vital Statistics System, 2001–2003.
Death due to hypertensive heart disease and ischemic heart diseases (acute myocardial infarction, other acute ischemic heart diseases, and other forms of chronic ischemic heart disease), ICD-9 codes: 402, 410-414, and 429.2. ICD-10 codes: I11, I20-I25.
US Average (172)
Healthy People 2010 Goal (162)
255.7
197.9
122.8
217.8
95.1
92.5
116.5
125.6
98.1
141.8
96.8
169.3
139.9
250
200
150
100
50
0
Washington D.C.
Frederick
Montgomery
Prince George's
Arlington
Fairfax
Loudoun
Prince William
Alexandria City
Fairfax City
Falls Church City
Manassas City
Manassas Park City

17



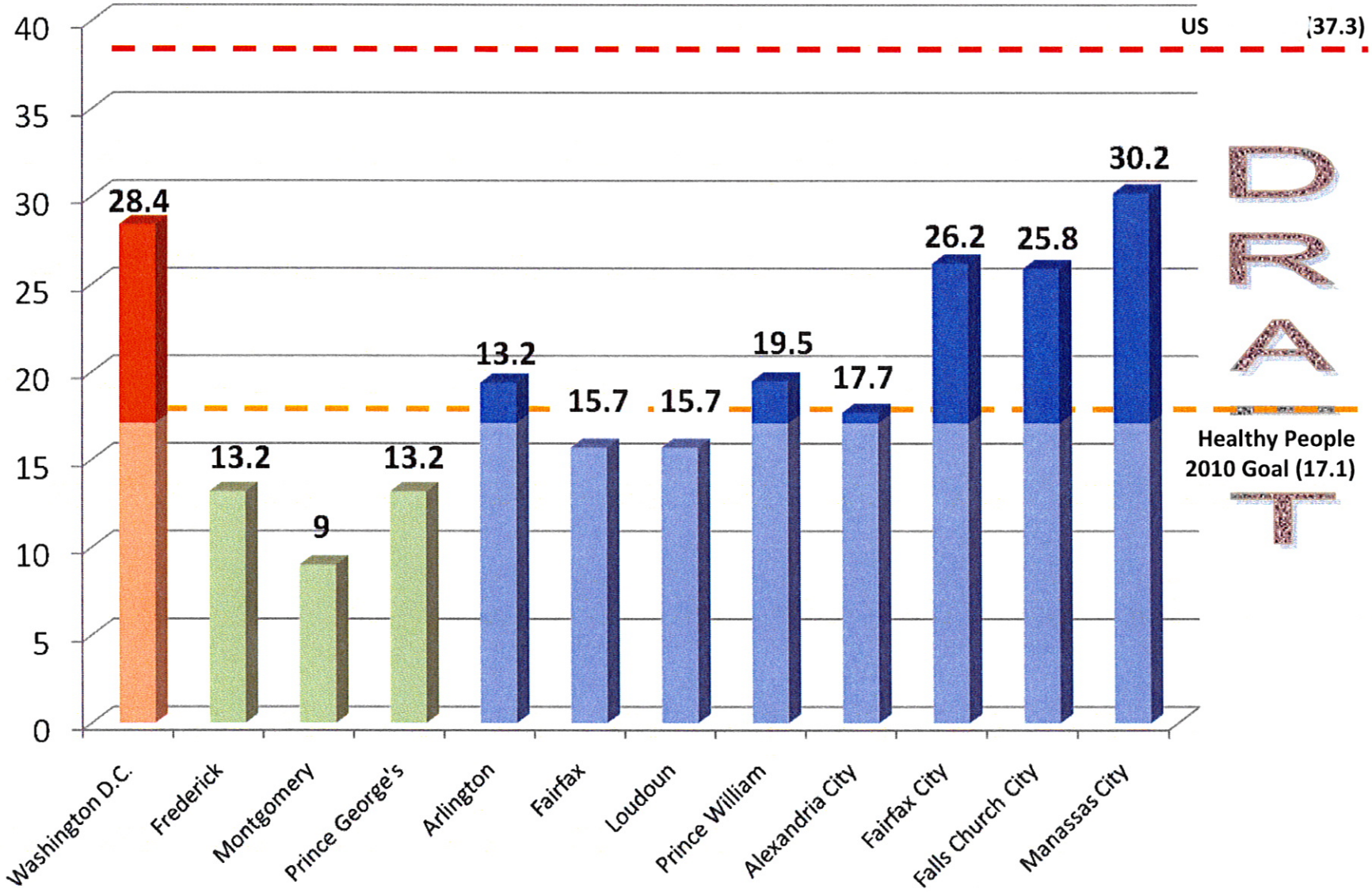
Death due to cerebrovascular diseases, ICD-9 codes: 430-438. ICD-10 codes: I60-I69.



Death due to cerebrovascular diseases, ICD-9 codes: 430-438. ICD-10 codes: I60-I69.

Unintentional Injury rates per 100,000 (age adjusted)

National Center for Health Statistics, National Vital Statistics System, 2001–2003.

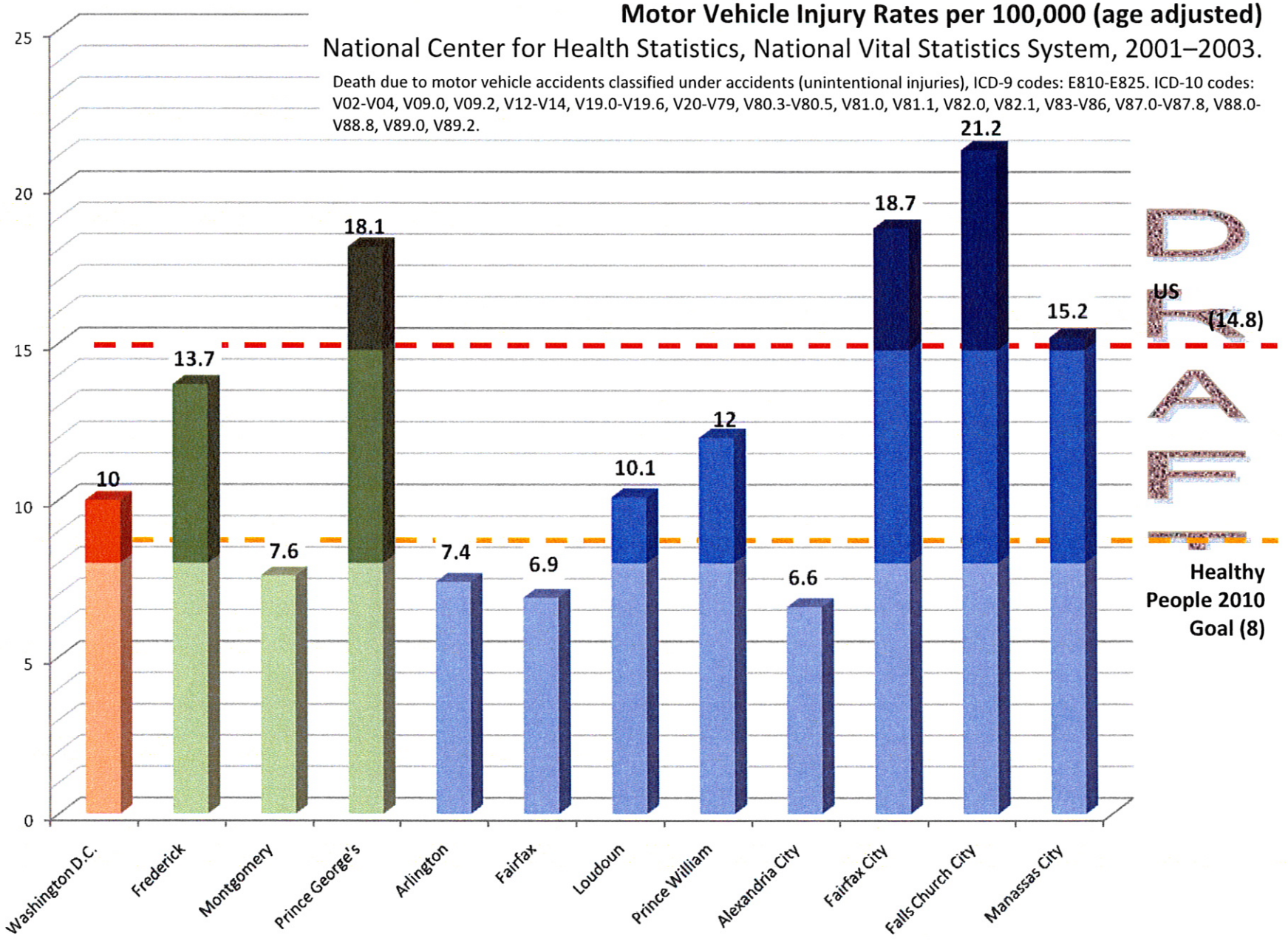


Death due to all accidents (unintentional injuries) not related to motor vehicle accidents, ICD-9 codes: E800-E807 and E826-E949. ICD-10 codes: V01–V99, W00-W99, X00-X59, Y85, Y86 minus Motor Vehicle Injury (ICD-10 codes as noted above).

Motor Vehicle Injury Rates per 100,000 (age adjusted)

National Center for Health Statistics, National Vital Statistics System, 2001–2003.

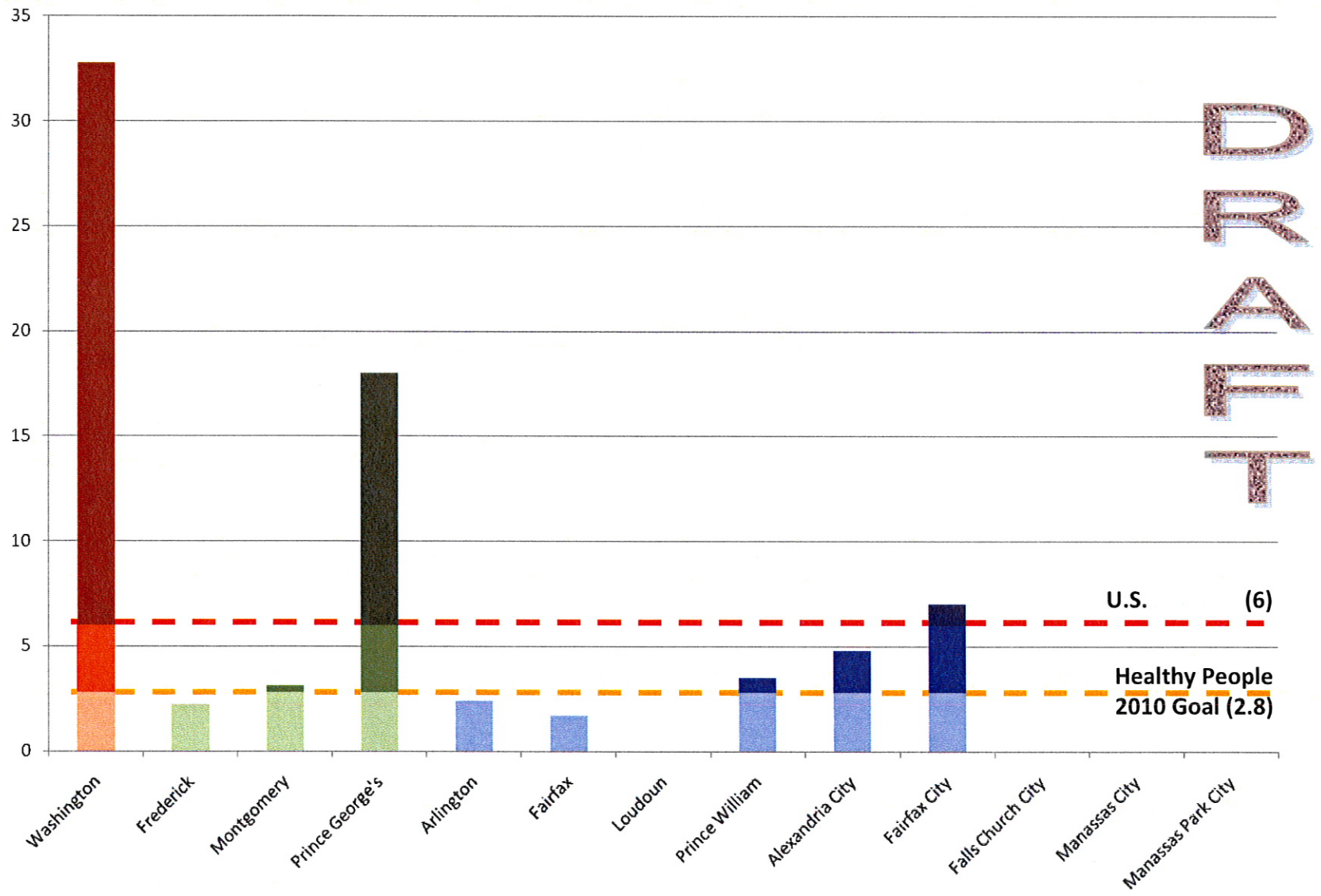
Death due to motor vehicle accidents classified under accidents (unintentional injuries), ICD-9 codes: E810-E825. ICD-10 codes: V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.6, V20-V79, V80.3-V80.5, V81.0, V81.1, V82.0, V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0, V89.2.



Homicide Rates per 100,000 (age adjusted)

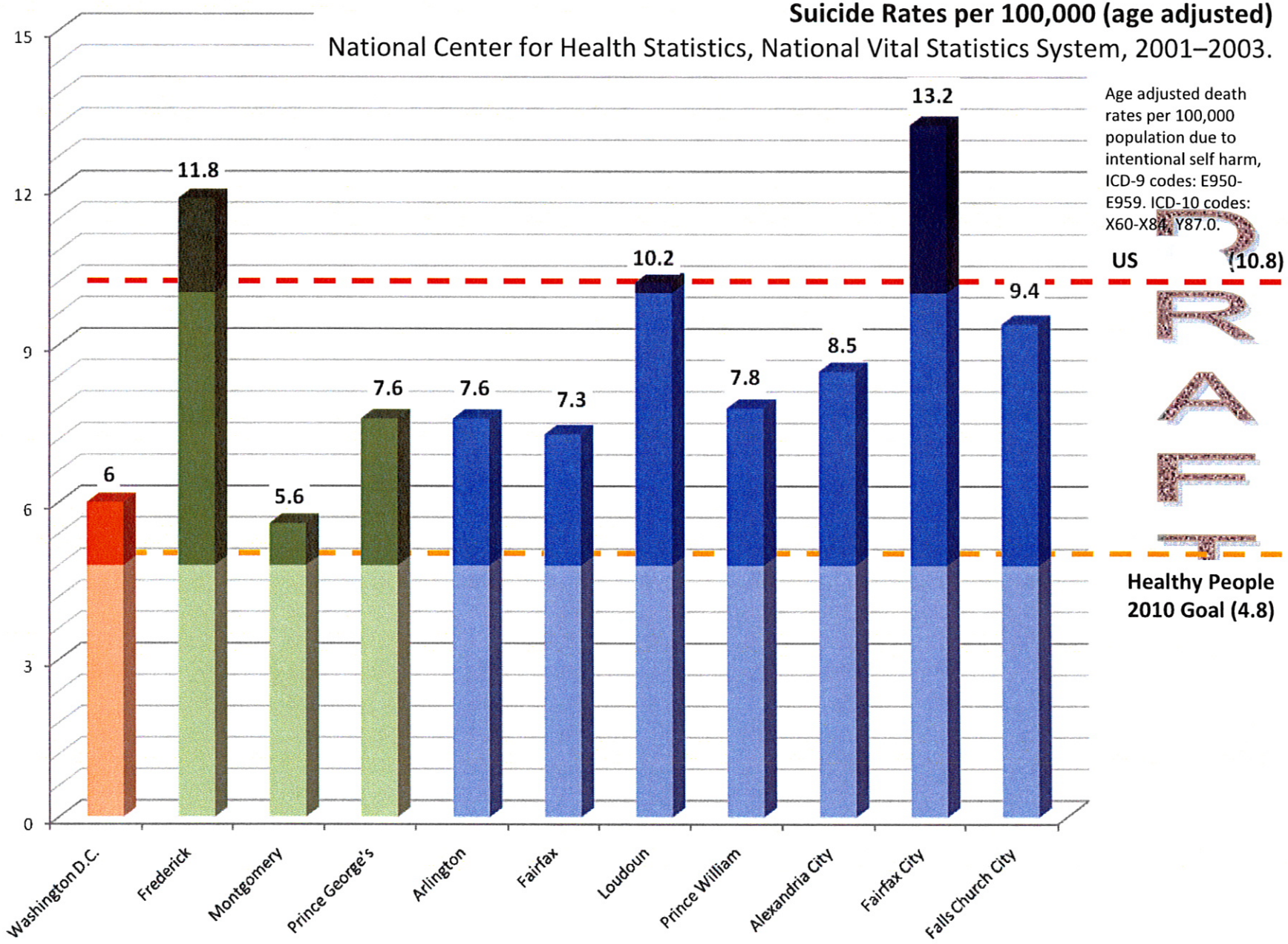
National Center for Health Statistics, National Vital Statistics System, 2001–2003.

Death due to assault, ICD-9 codes: E960-E969. ICD-10 codes: X85-X99, Y00-Y09, Y87.1.



Suicide Rates per 100,000 (age adjusted)

National Center for Health Statistics, National Vital Statistics System, 2001–2003.



Age adjusted death rates per 100,000 population due to intentional self harm, ICD-9 codes: E950-E959. ICD-10 codes: X60-X84, Y87.0.

DRAFT

Communicable Diseases

- HIV/AIDS
- Syphilis
- Chlamydia
- Tuberculosis

Individuals Living with HIV (not AIDS)/AIDS at the end of 2006

Source: HIV/AIDS Epidemiological Profiles; data for Northern Virginia and Montgomery and Prince George's Counties provided by Mosaica as part of the HIV/AIDS Profiles Project

Northern Virginia	
Fairfax County	1,857
Alexandria	1,185
Arlington Co	1,150
Prince William Co	572
Loudoun Co	187
Manassas	163
Fairfax	95
Falls Church	42
Manassas Park	11

Maryland	
Frederick	260
Montgomery County	2,790
Prince George's County	5,233
District of Columbia	12,428

Syphilis/
Chlamydia
Source: Health Department Data

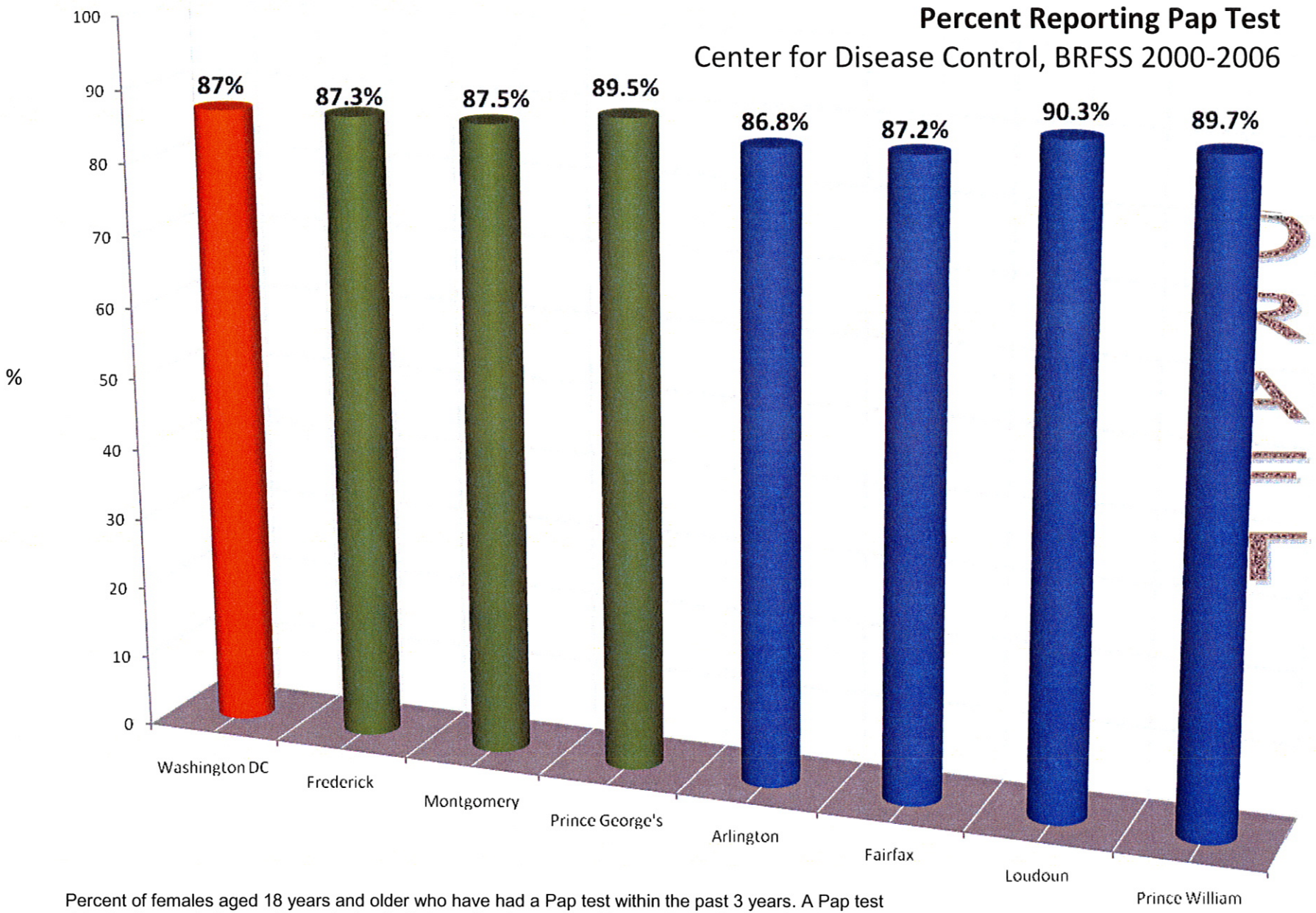
•2005 Rates (State Vital Statistics)

Rates per 100,000	Montgomery	Prince George's	Frederick	Alexandria	Arlington	Fairfax County	Loudon	Prince William District	DC
Primary and Secondary Syphilis	1.5	7.1	0.0	9.6	7.1	1.8	0.4	1.2	
Chlamydia	137.4	641.4	181.5	257.6	188.8	119.4	95.5	233.8	

- TB data to come

Adult Preventive Services

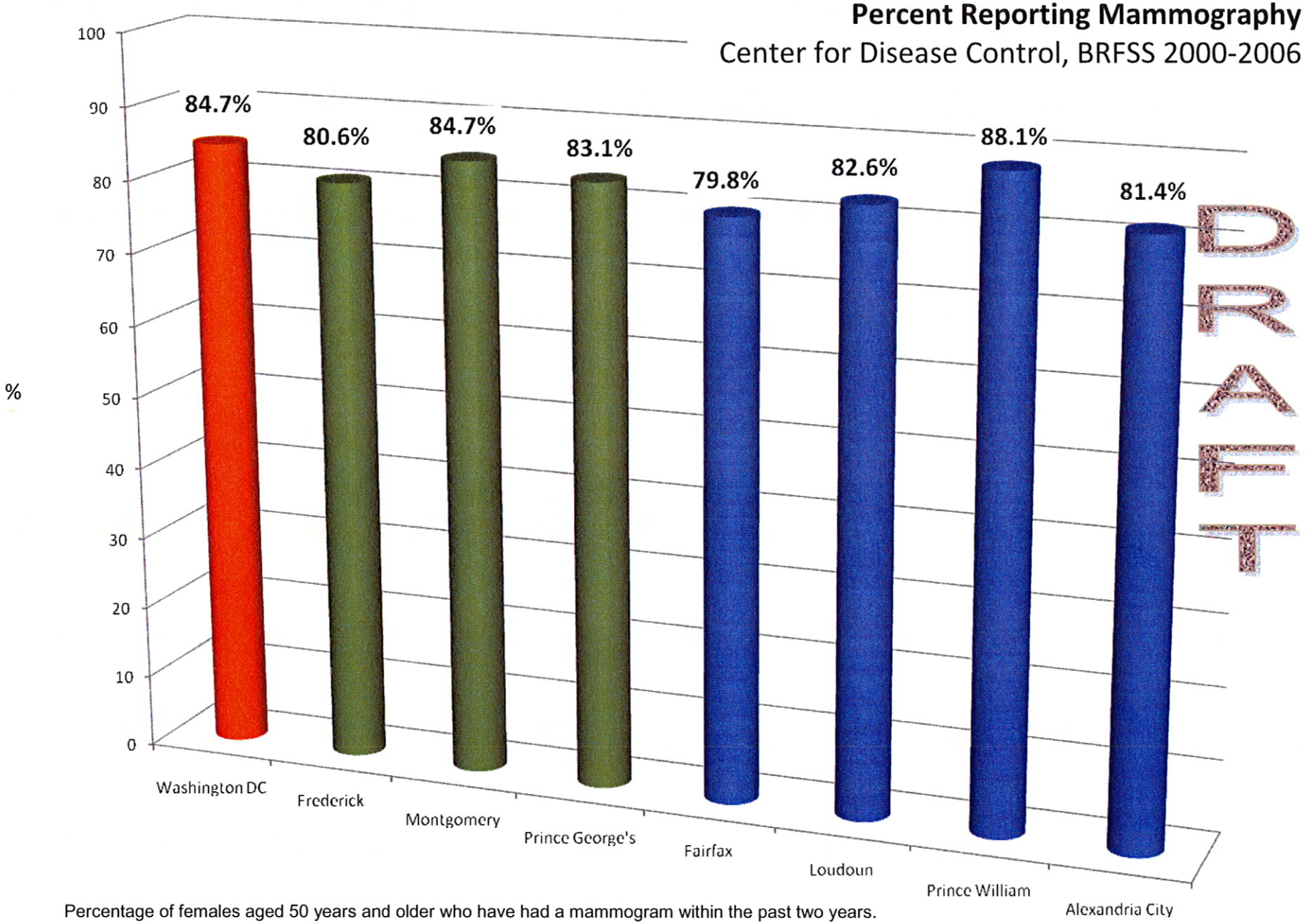
- Pap Smear
- Mammography
- Sigmoidoscopy
- Pneumonia vaccine
- Flu vaccine



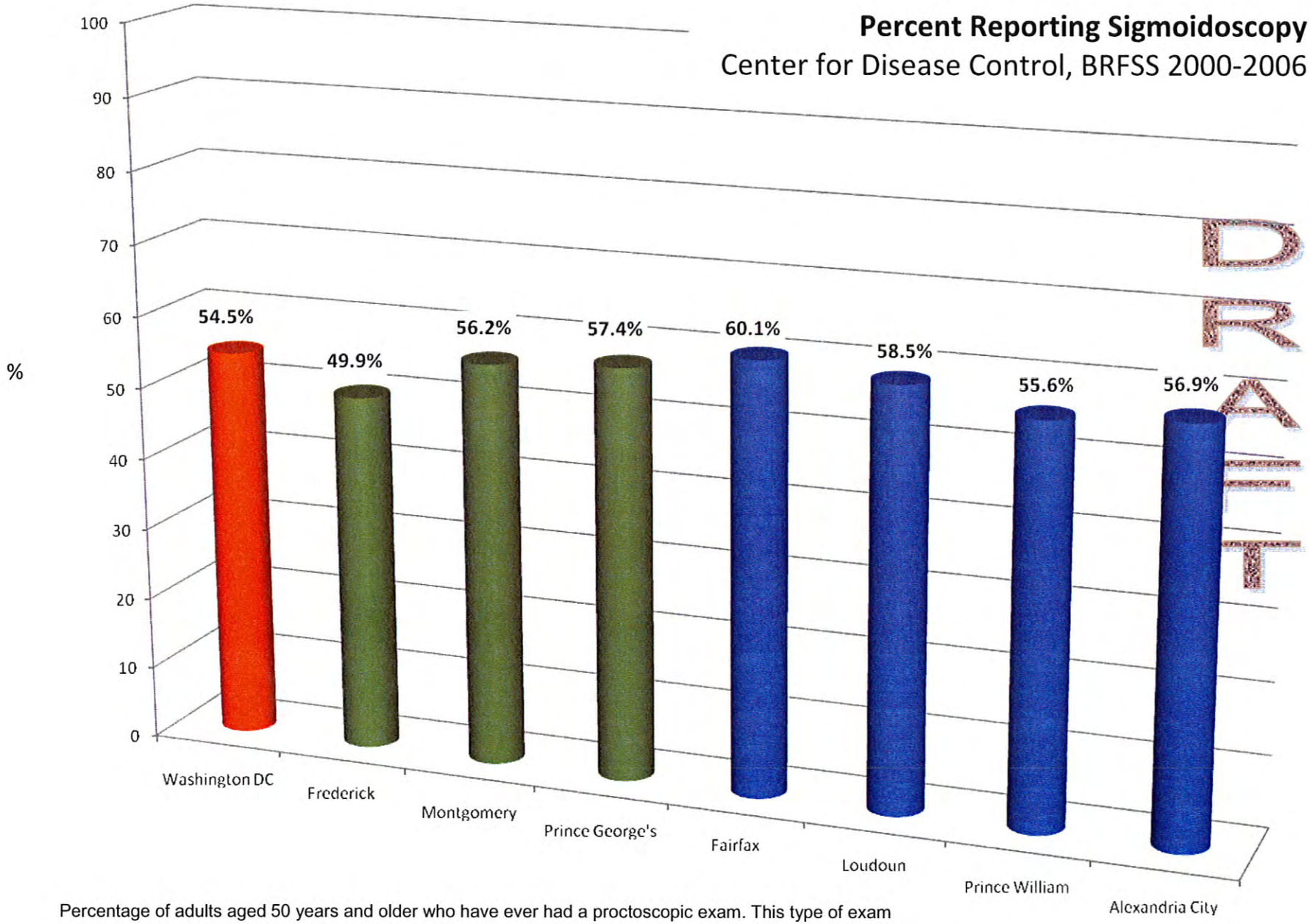
Percent of females aged 18 years and older who have had a Pap test within the past 3 years. A Pap test detects abnormal changes in cervical cells that may lead to cancer. **Not available for:** Fairfax City, Falls Church City, Manassas City, Manassas Park City

Percent Reporting Mammography

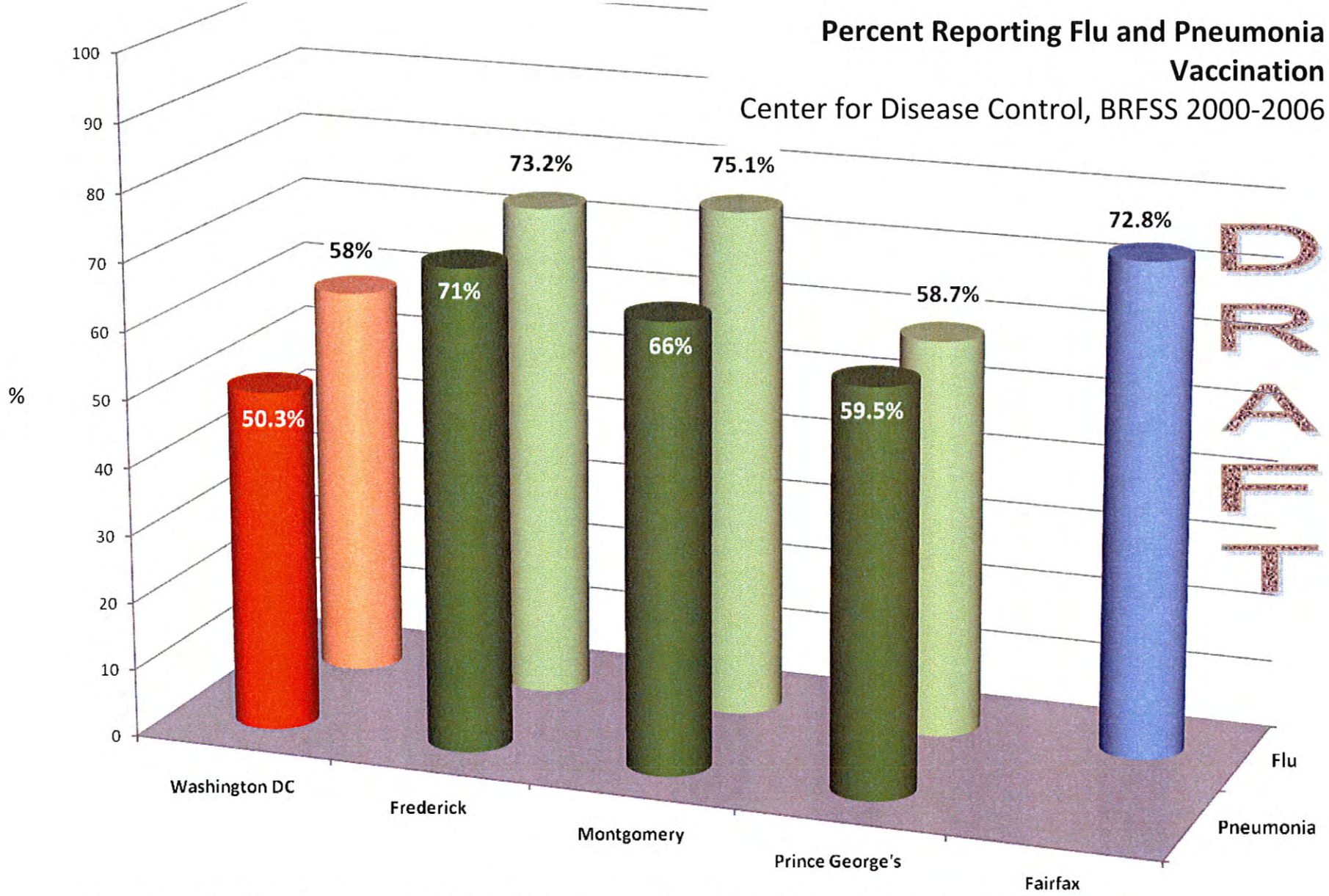
Center for Disease Control, BRFSS 2000-2006



Percentage of females aged 50 years and older who have had a mammogram within the past two years.
Not available for: Arlington, Fairfax City, Falls Church City, Manassas City, Manassas Park City



Percentage of adults aged 50 years and older who have ever had a proctoscopic exam. This type of exam uses a flexible scope to detect polyps (non-cancerous tumors) and cancerous tumors in the colon and rectum. **Not available for:** Arlington, Fairfax City, Falls Church City, Manassas City, Manassas Park City



Pneumonia: Percentage of adults aged 65 years and older who have ever had a pneumonia vaccination. Pneumonia is a leading cause of death among older Americans. **Flu:** Percentage of adults aged 65 years and older who have had a flu shot within the past year. **Not available for:** Arlington, Loudon, Prince William, Fairfax City, Falls Church City, Manassas City, Manassas Park City

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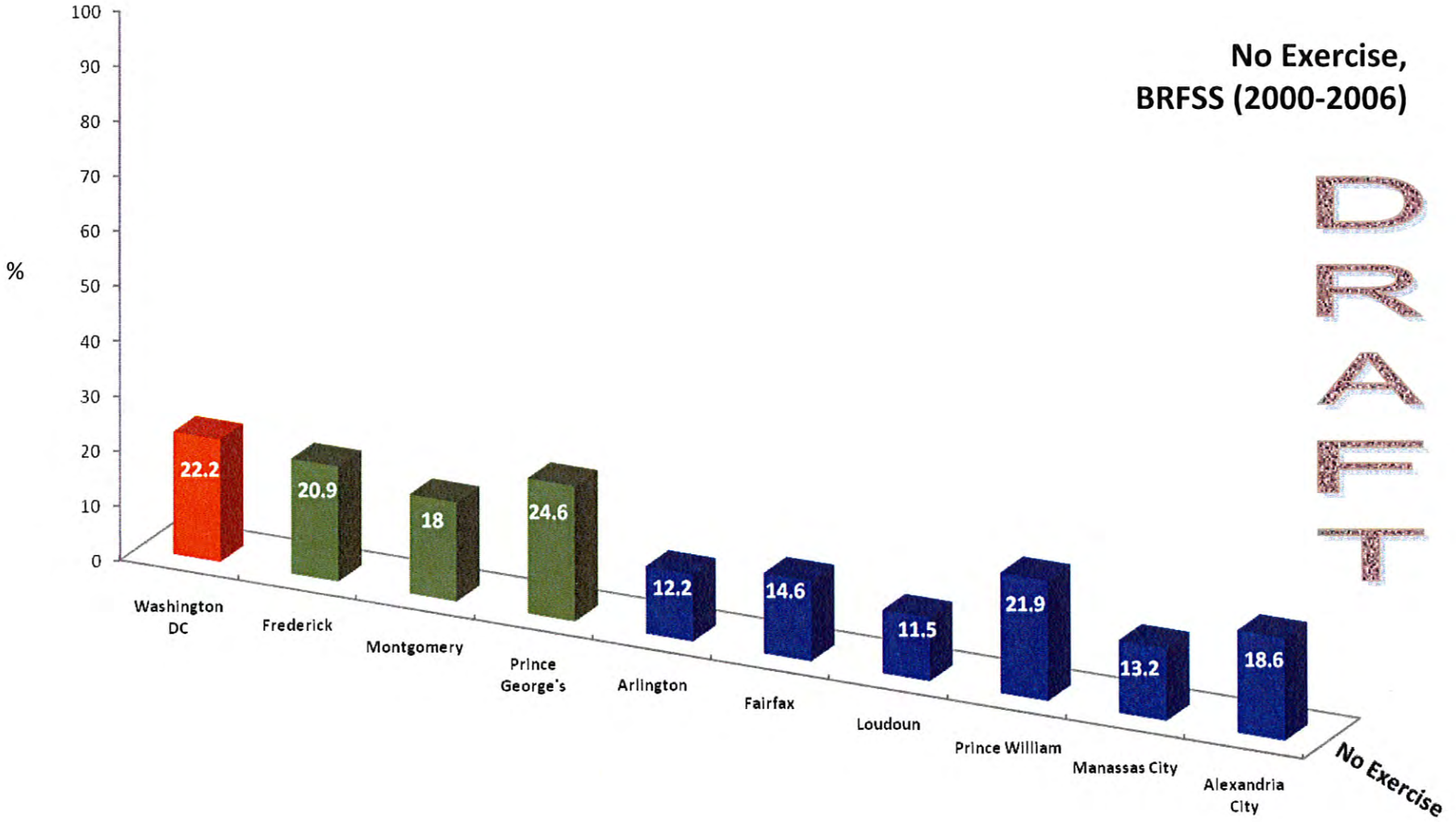
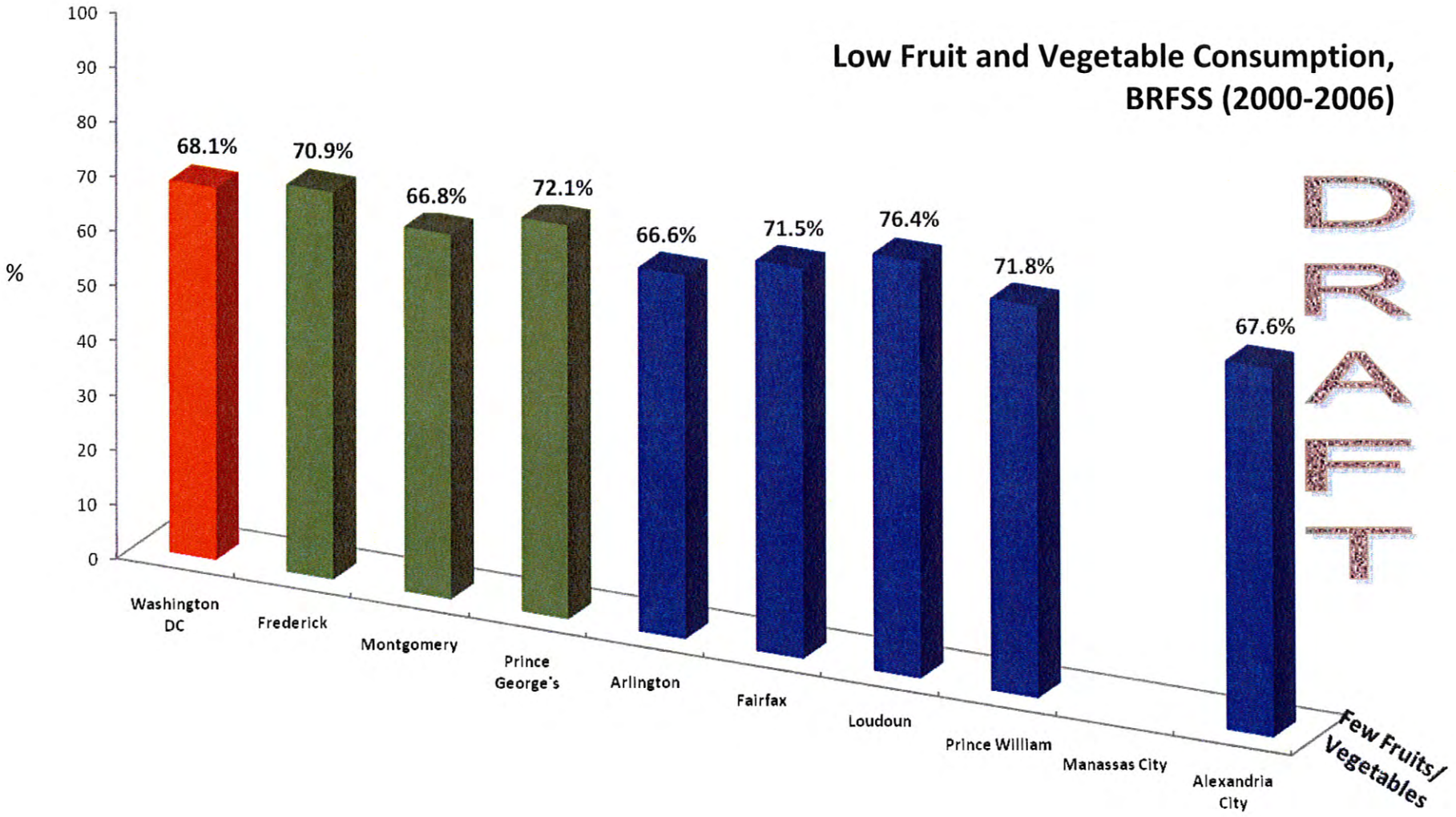
Risk Factors for Premature Death

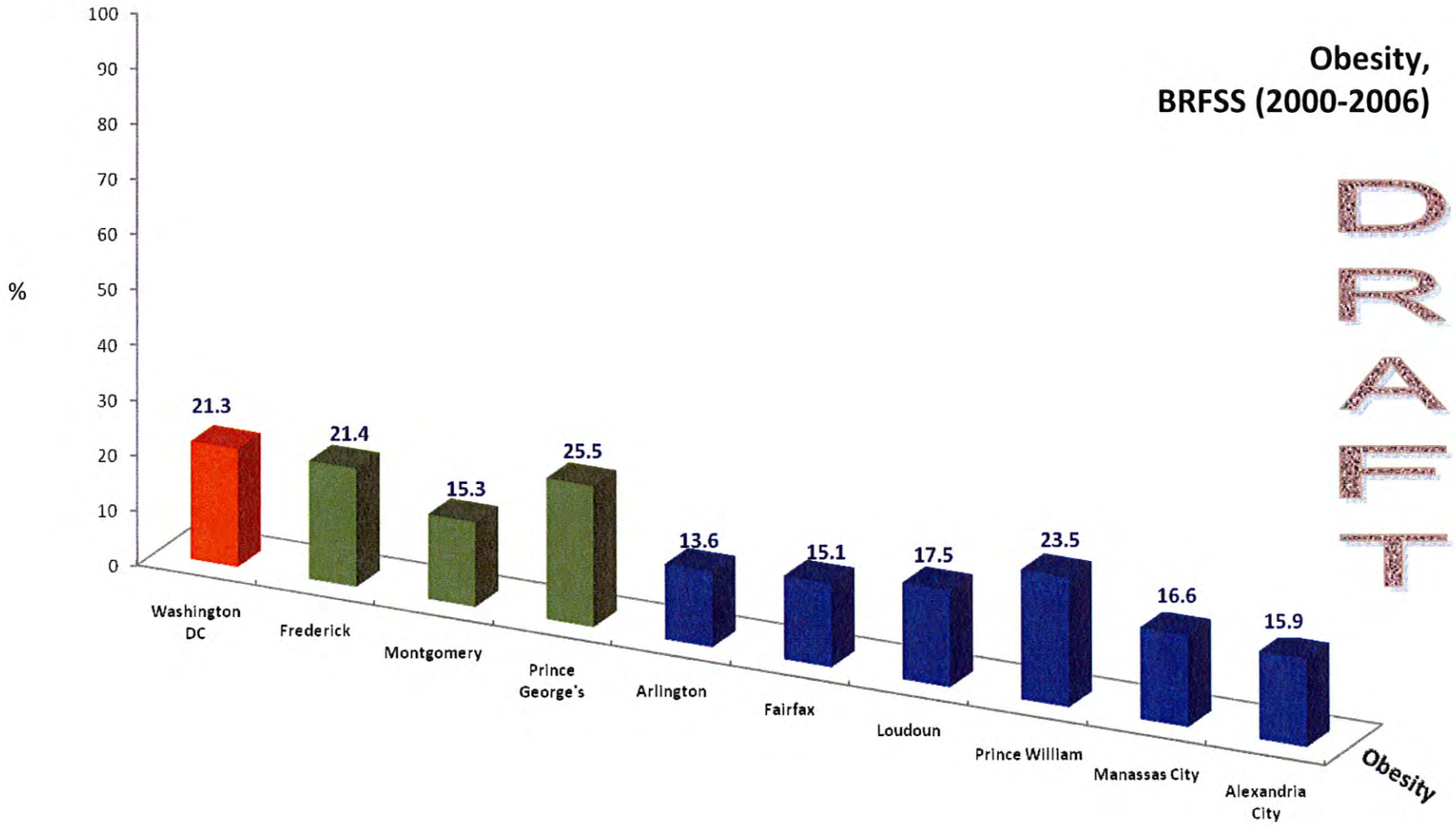
- No exercise
- Few Fruits and Vegetables
- Obesity
- High Blood Pressure
- Smoker
- Diabetes



No exercise : Percent of adults reporting of no participation in any leisure-time physical activities or exercises in the past month.



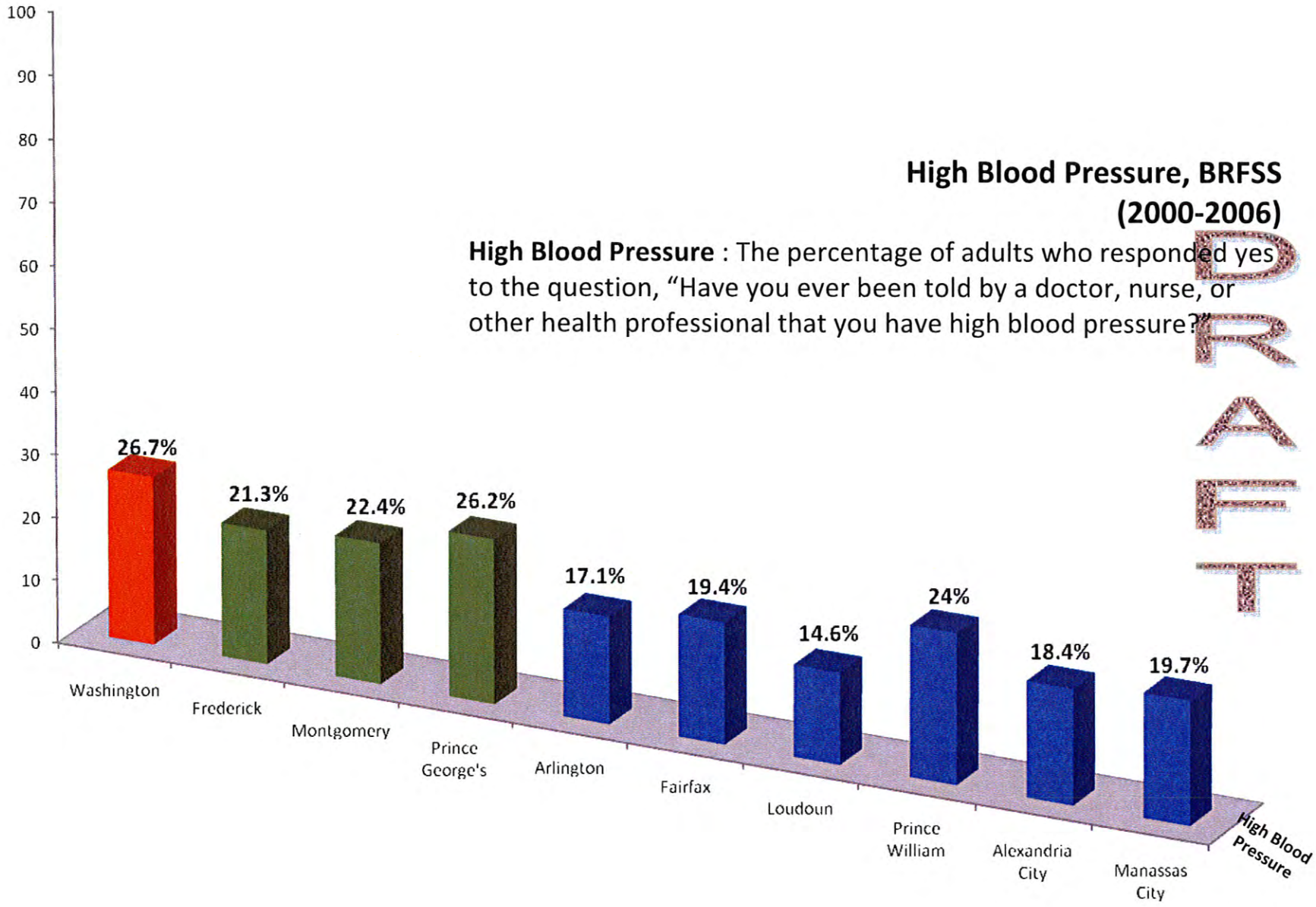
Few fruits/vegetables: Percent of adults reporting an average fruit and vegetable consumption of less than 5 servings per day.



Obesity: Calculated percent of adults at risk for health problems related to being overweight, based on body mass index (BMI). A BMI of 30.0 or greater is considered obese.

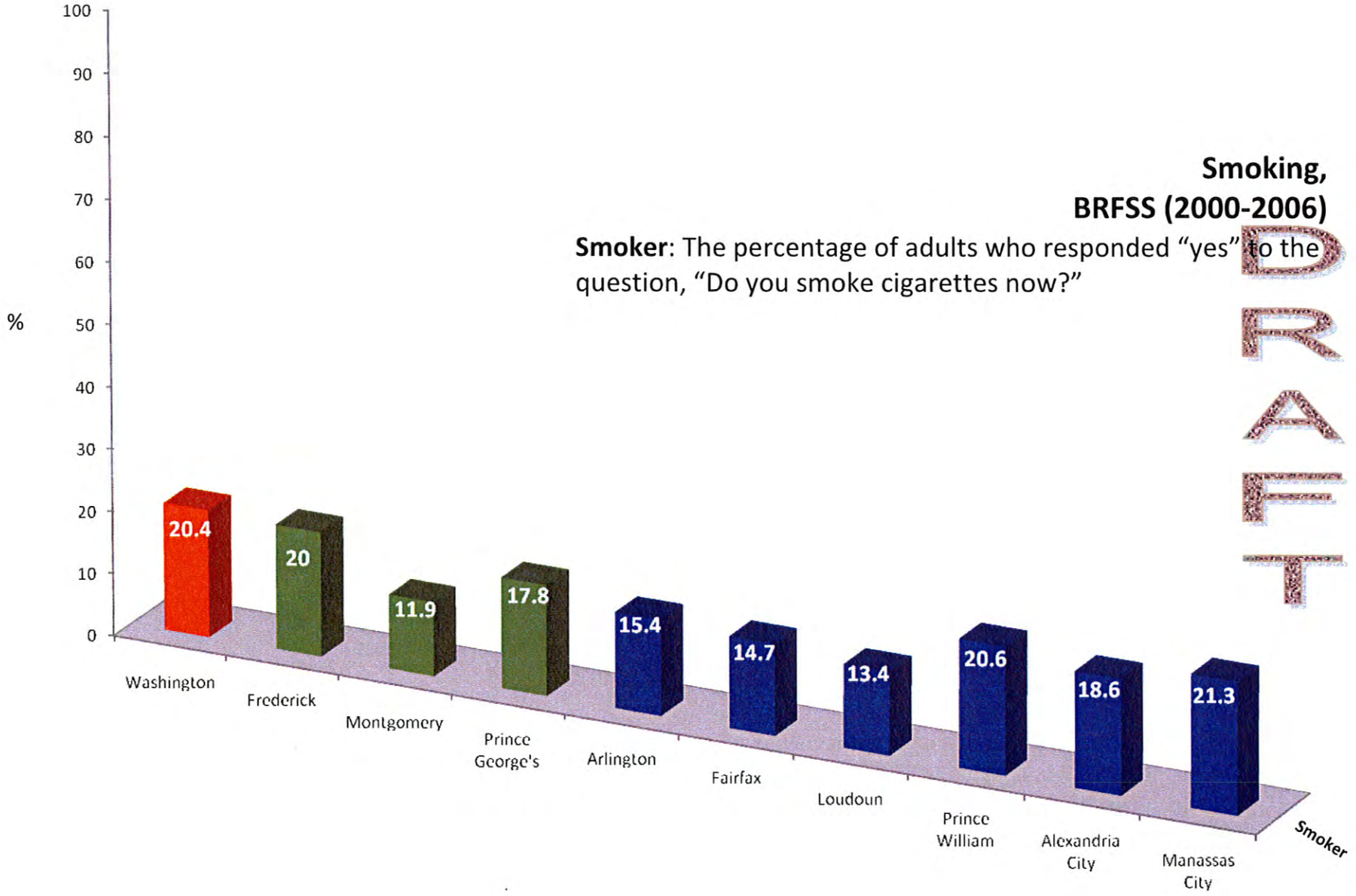
High Blood Pressure, BRFSS (2000-2006)

High Blood Pressure : The percentage of adults who responded yes to the question, "Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?"



Smoking, BRFSS (2000-2006)

Smoker: The percentage of adults who responded "yes" to the question, "Do you smoke cigarettes now?"



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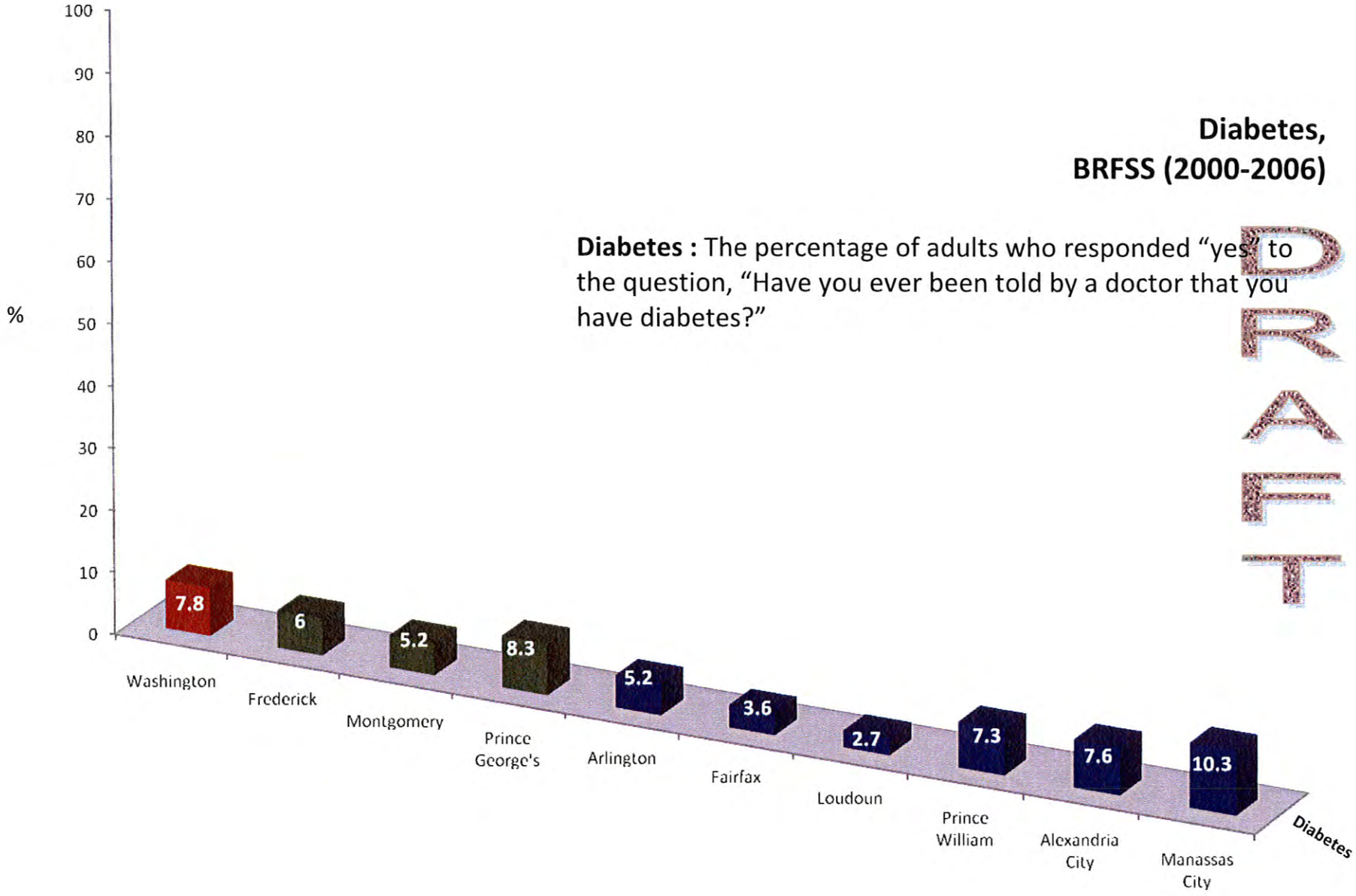
Diabetes, BRFSS (2000-2006)

Diabetes : The percentage of adults who responded "yes" to the question, "Have you ever been told by a doctor that you have diabetes?"



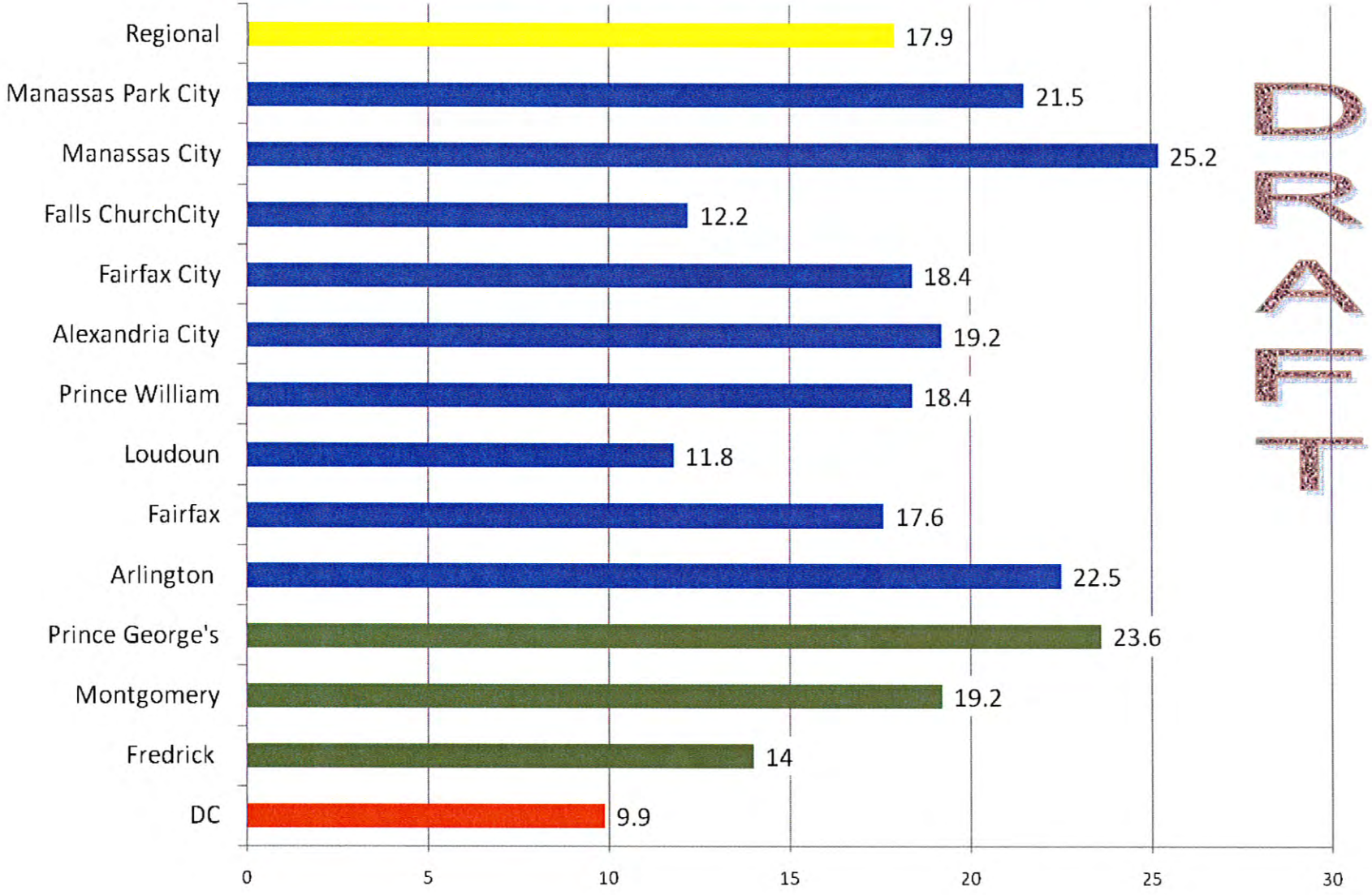
Access to Care

- Health Insurance and Coverage[1]
- Primary Care Physians per 100,000[2]
- Dentists per 100,000[2]
- Community/Migrant Health Centers[3]
- Health Professions Shortage Area[3]

1. Data for 2005 from Small Area Health Insurance Estimates, US Census released 2008
2. Data contained in CHSI reports – from HRSA. Area Resource File 2005
3. Data contained in CHSI reports – form HRSA. Geospacial Data Warehouse, 2007

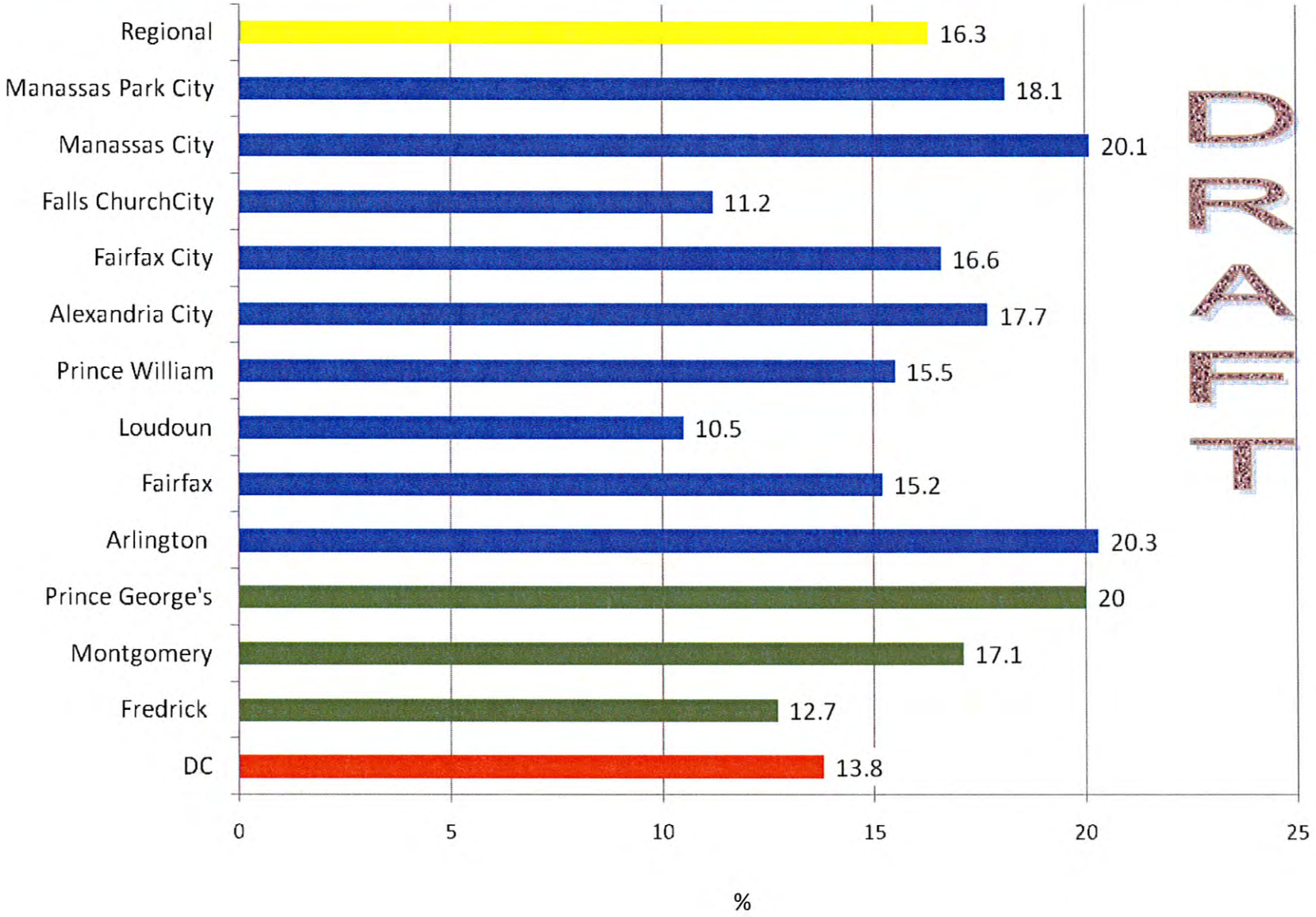
SAHIE 2005 Estimate

Percent of adults, age 18-64, who lack health insurance



SAHIE 2005 Estimate

Percent of individuals, under age 65, who lack health insurance



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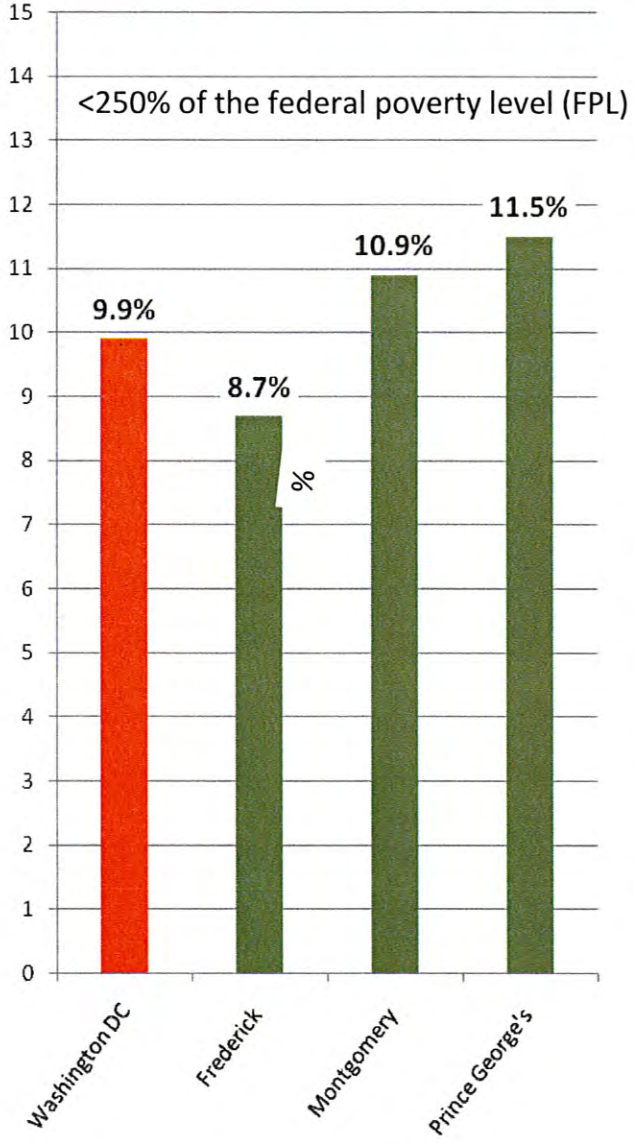
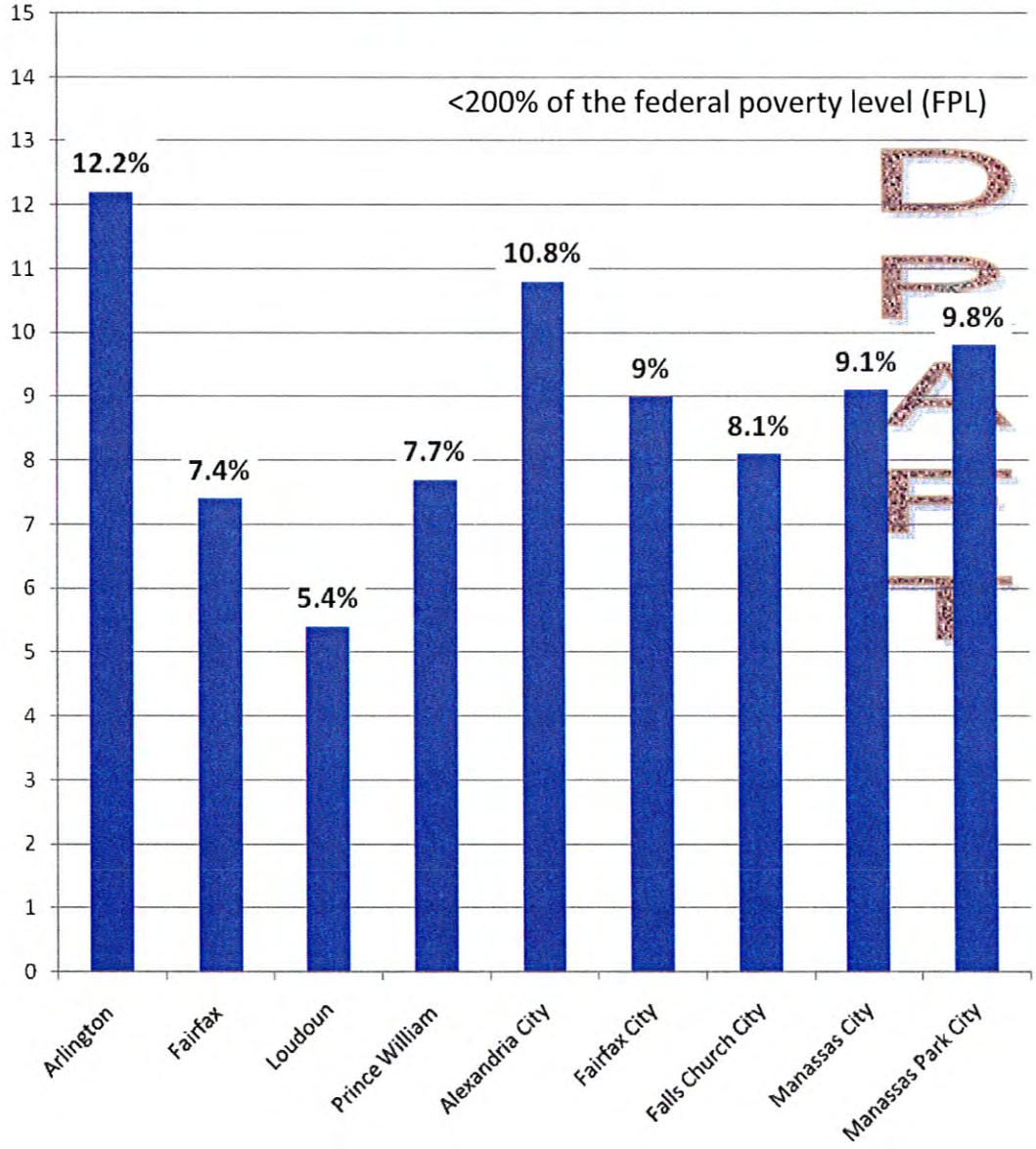
SAHIE 2005 Estimate

Percent of adults, age 18-64, who are low income and lack health insurance





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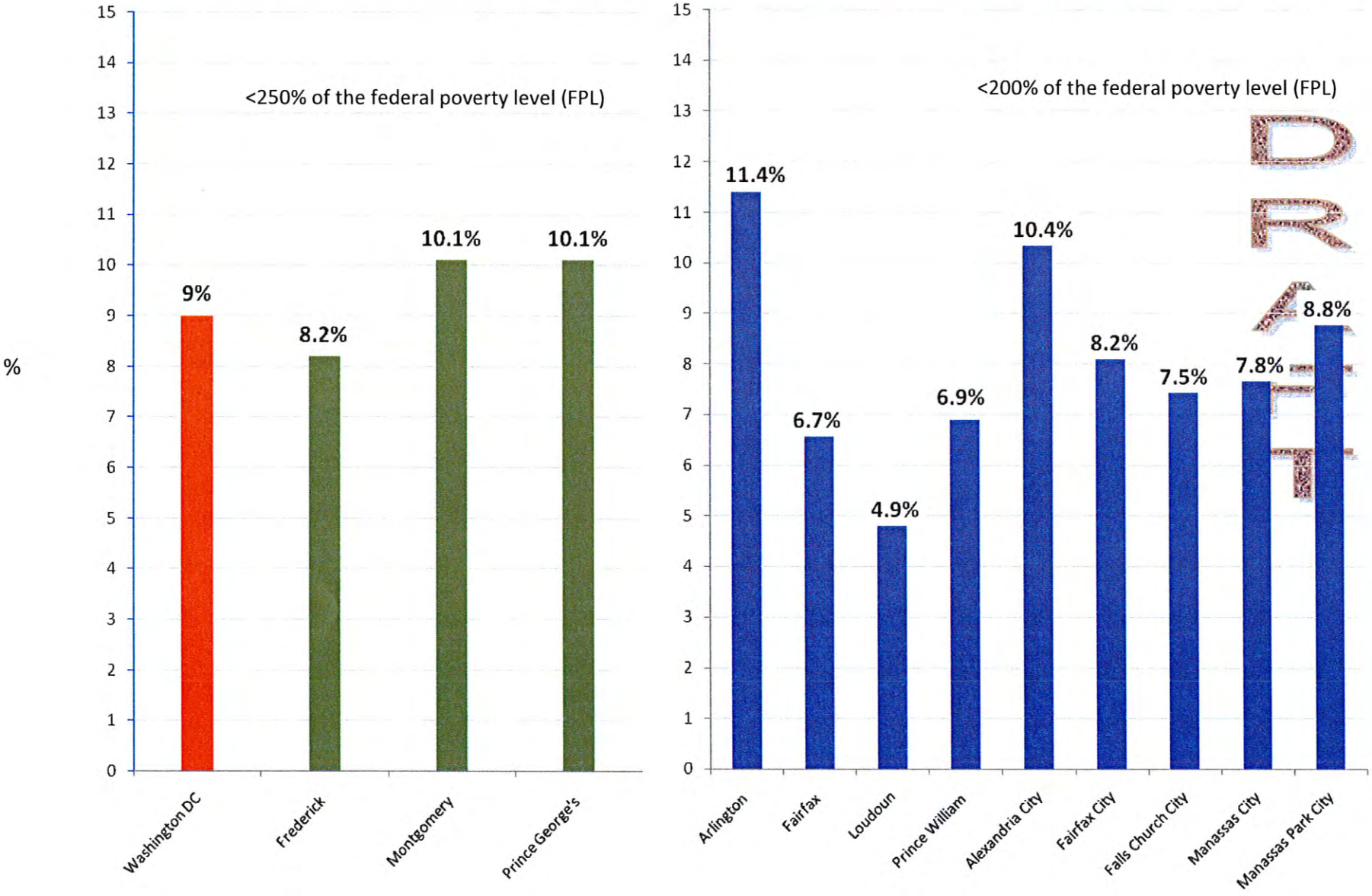
SAHIE 2005 Estimate

Percent of low income individuals, under 65, who lack health insurance



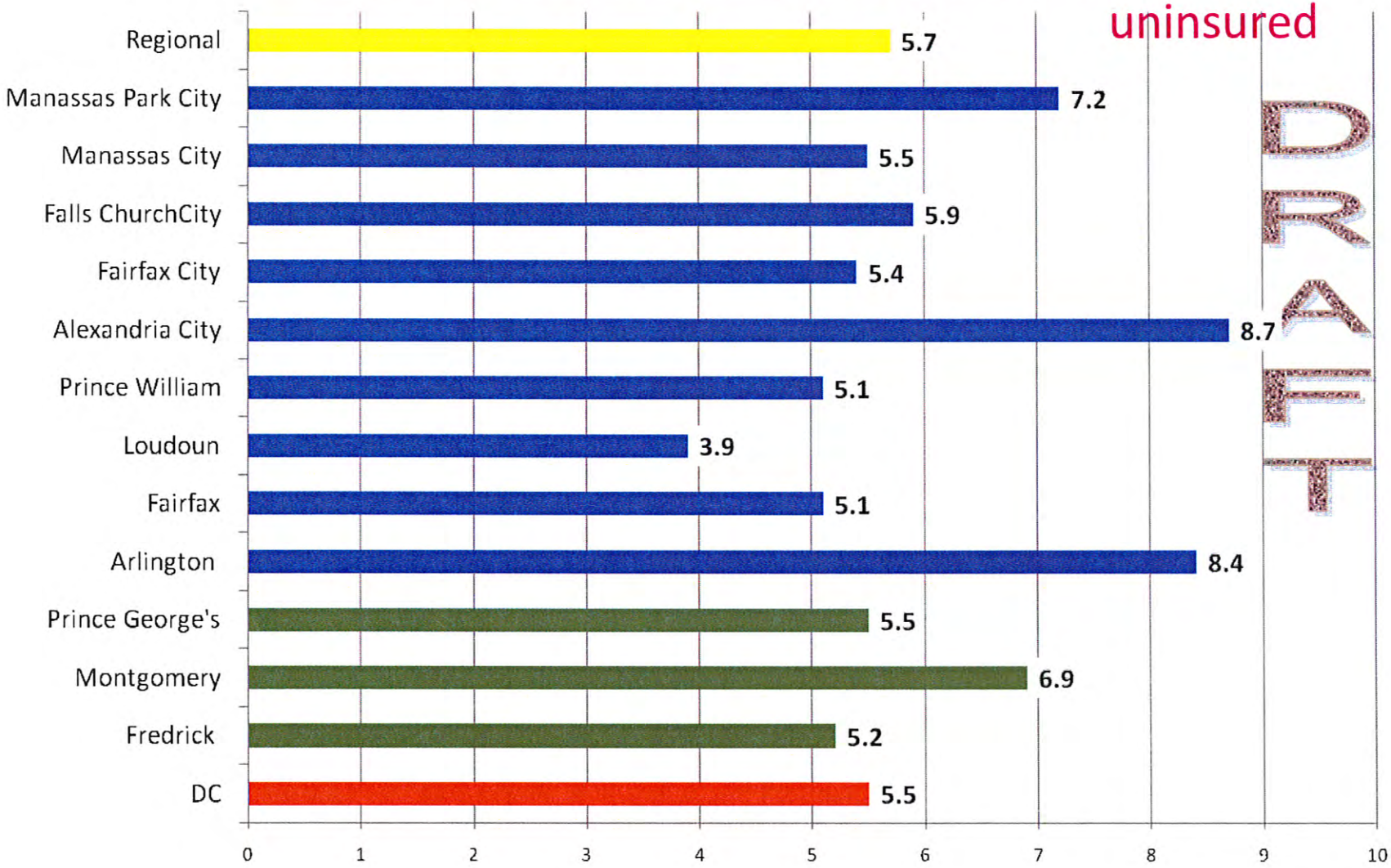
Percent Uninsured, Age 18-64, by Jurisdiction

Jurisdiction	Total % Uninsured	% of low-income* who are uninsured (rounded to nearest %)
Manassas Park City	21.5	53
Manassas City	25.2	53
Falls Church City	12.2	66
Fairfax City	18.4	52
Alexandria City	19.2	61
Prince William County	18.4	56
Loudon County	11.8	67
Fairfax County	17.6	64
Arlington County	22.5	73
Prince George's County	23.6	43
Montgomery County	19.2	57
Frederick County	14	46
District of Columbia	15.6	26

* Less than 250% of poverty in DC & MD counties; less than 200% of poverty in VA. Derived from 2005 SAHIE data

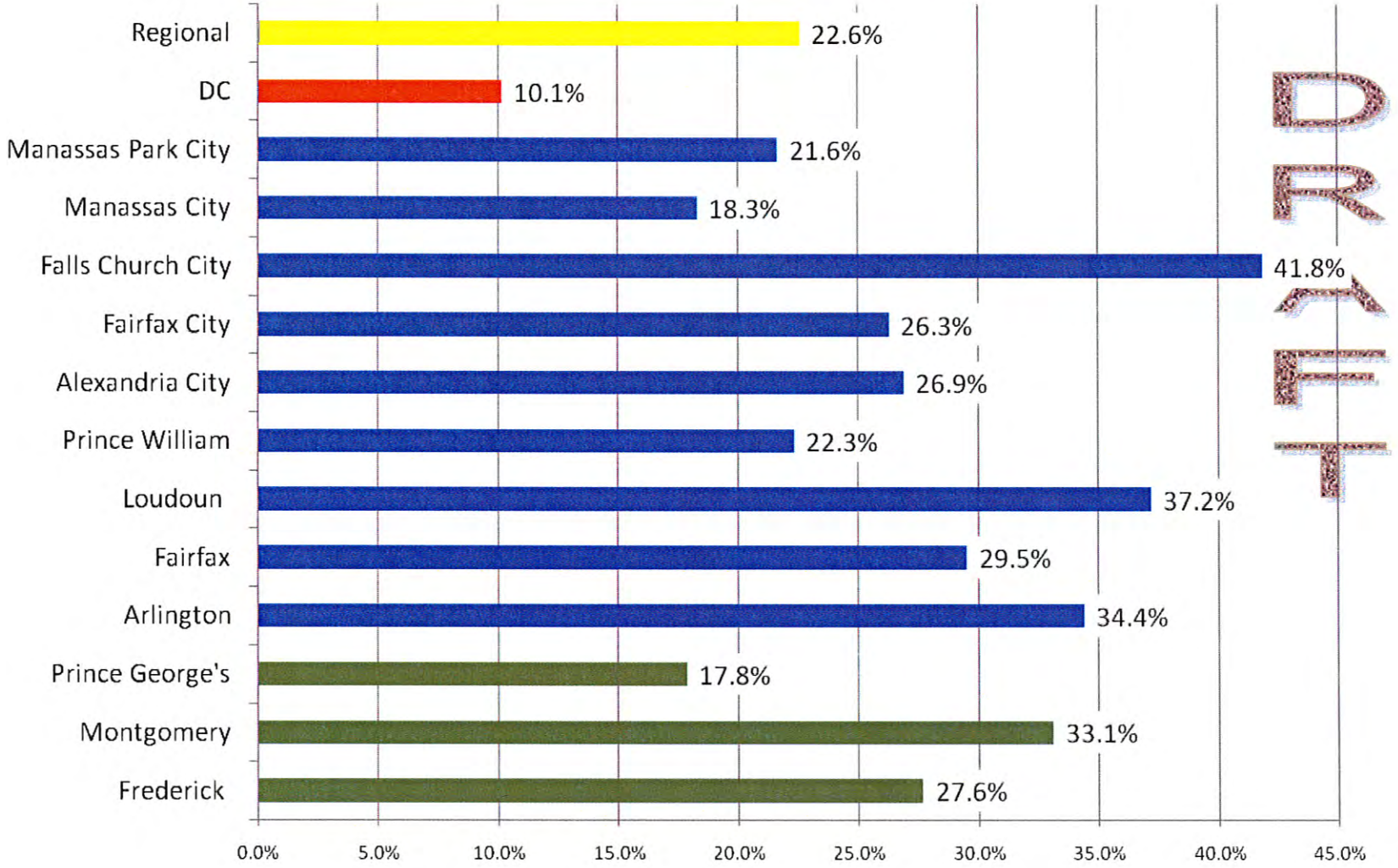
SAHIE 2005 Estimate

Percent of children who are both low income and uninsured



SAHIE 2005 Estimate

Percent of low income children who are uninsured



Individuals below age 19 at <200% of the federal poverty level (FPL)

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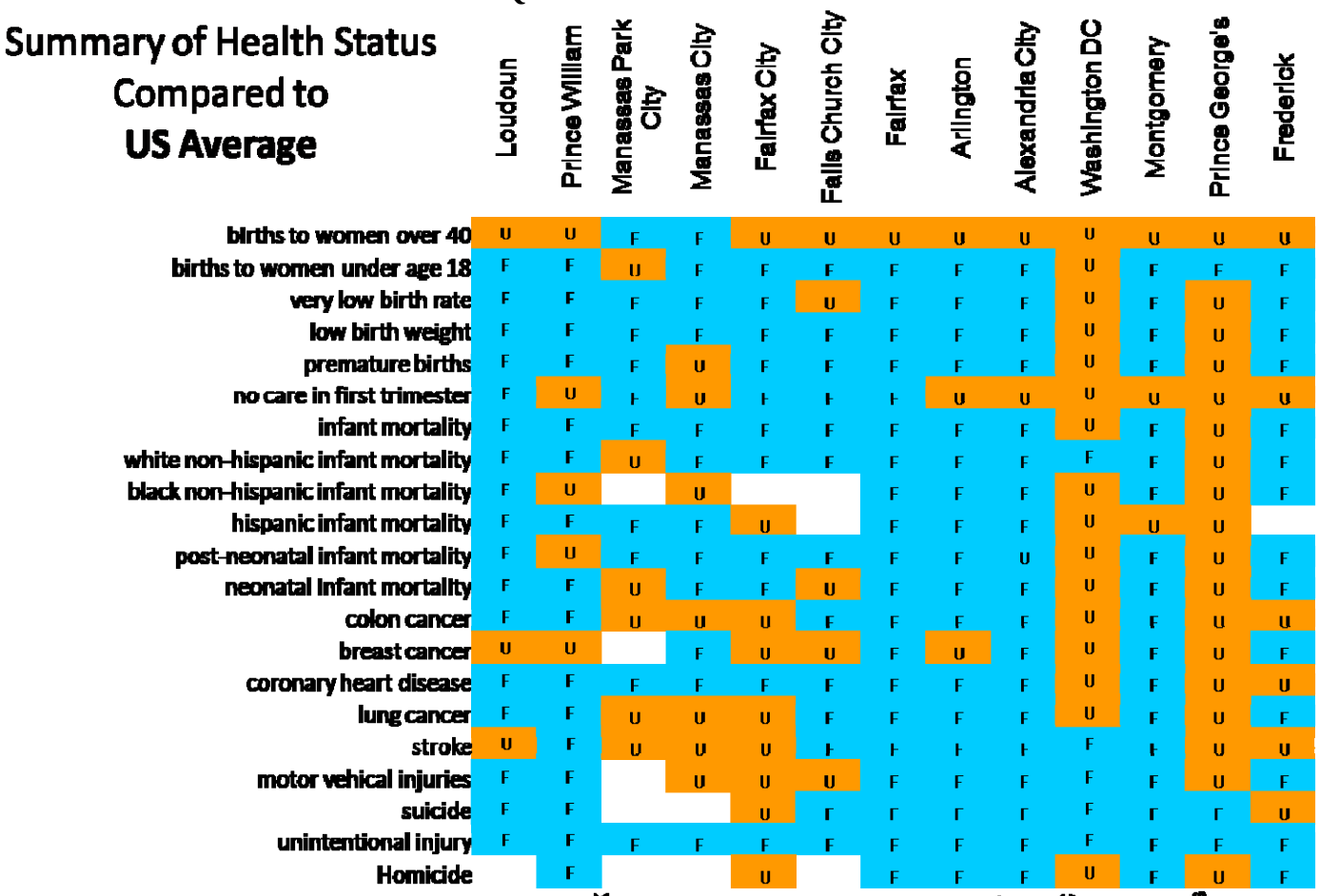
Access to Care: Health Services

	Primary Care Physicians per 100,000 pop	Dentists per 100,000 pop	Community/ Migrant Health Centers	Health Professional Shortage Area
Washington DC	227.6	102.8	Yes	No
Frederick	63	49.8	Yes	No
Montgomery	197.3	101.2	Yes	No
Prince George's	78.2	50.7	Yes	No
Arlington	127.6	57.7	No	No
Fairfax	129.7	57.7	No	No
Loudoun	66.9	23.5	No	No
Prince William	44.5	25.8	No	No
Alexandria City	120.4	65.8	Yes	No
Fairfax City	259.5	377.9	No	No
Falls Church City	315.4	213.3	No	No
Manassas City	149.1	53.2	No	No
Manassas Park City	0	17.2	No	No

1. Data on physicians and dentists contained in CHSI reports – from HRSA. Area Resource File 2005
2. Data community/migrant health centers and Health Profession Shortage Areas contained in CHSI reports – form HRSA. Geospacial Data Warehouse, 2007

Summary of Health Status Compared to US Average



Summary of Health Status Compared to PEER COUNTIES